

<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>1 MARCH 2010</b>
<b>TITLE OF REPORT:</b>	<b>PROVIDER SERVICES INTEGRATION – PRE CONSULTATION</b>
<b>REPORT BY:</b>	<b>Project Manager</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To note the progress of the project and the pre-consultation on provider services integration.

### **Recommendations**

**THAT:**

- (a) **the Committee notes the work of the Transition Board on service integration and the proposed future full public consultation;**
- (b) **the Committee notes that an early stage of consultation is about to draw to an end; and**
- (c) **the views of the Committee are sought at this early stage.**

### **Key Points Summary**

- NHS Herefordshire has begun a project to review the way health and social care is provided
- This could result in the creation of a single, integrated Health and Social Care organisation
- A full formal consultation is scheduled to begin in June 2010
- At this early stage, stakeholders views are being sought on how services could be improved in the future

### **Alternative Options**

- 1 No alternative options – there is a statutory requirement to consult.

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Further information on the subject of this report is available from  
Alan Dawson, Project Manager on (01432) 364000

## Reasons for Recommendations

- 2 An early consultation on the project is drawing to an end and there is a statutory requirement to involve the Health Scrutiny Committee at an early stage. Full consultation is scheduled to begin in June 2010.

## Introduction and Background

- 3 In August 2009 the Herefordshire health and social care community formed an independently-chaired Transition Board with multi-disciplinary membership drawn from health and social care to develop detailed proposals for service integration. The objectives of the Transition Board are to:
  - Develop options for the organisation and delivery of health and social care services
  - Recommend a preferred option for consideration and approval by the relevant statutory bodies
  - Prepare public consultation documents (pre and full) and organise/lead public consultation on behalf of NHS Herefordshire
  - Ensure that the proposals will contribute to maximising health and well being and reducing health and social inequalities in Herefordshire.

Significant work has been achieved since August 2009 that has been overseen by the Transition Board. This report serves to update the Committee on progress to date. Pre-consultation has been running since November 2009.

At this early stage, views are being sought from key stakeholders about:

1. How health and social care services could be improved across Herefordshire
2. Preferences and suggestions for methods for formal consultation,

## Key Considerations

- 4 Hereford Hospitals NHS Trust (HHT) completed a PFI deal and moved into the new County Hospital building in 2002. The plans for the new hospital building were predicated upon a significant shift of bed based activity into the community through a major reorganisation of services.

In 2008, HHT and Herefordshire Primary Care Trust (HPCT) commissioned the Health Services Management Centre (HSMC) to work with them in a strategic 'Provider Services Review' that was designed to 'ensure that provider services are fit for purpose and organised in sustainable configurations which are able to both drive service improvement and deliver real efficiency'.

A headline outcome of the Provider Services Review was significant consensus from clinical teams that participated for the development of integrated care pathways delivered by an integrated hospital, community health and adult social care organisation.

Following the conclusion of the Provider Services Review in 2009, KPMG were commissioned by the West Midlands Strategic Health Authority (SHA) in conjunction with the PCT and HHT to:

- Assess the viability of HHT and the PCT Provider Arm as stand alone organisations

- Determine the potential clinical and financial viability of a single integrated healthcare provider

The main conclusion of this work was that HHT and the HPCT Provider Arm, as currently configured, are facing a substantial combined cumulative financial deficit for the forecast period ending 31<sup>st</sup> March 2014.

Provider Services currently face significant challenges related to delivering safe, high quality services that are sustainable, meet government initiatives (e.g. Care Closer to Home, Patient Choice) and are deliverable within limited resources e.g. inpatient beds, staffing, finance. These challenges are further complicated by the rural nature of Herefordshire and the changing demographic of the Herefordshire population with an older age population predicted to rise above national and regional averages. There is a requirement to focus health and social care provision on the Illness Prevention/Health and Well Being agenda (encouraging empowerment of the population in reducing illness) whilst recognising personal choice and challenges faced by the geographical and demographic nature of Herefordshire.

KPMG's early work pointed to the opportunity to achieve significant clinical and financial benefit through the redesign and integration of services, shifting work from bed-based settings to the home (potentially via a single organisation) and recommended this approach as a way forward.

The Project is being delivered through the Transition Board, supported by the following sub groups:

- Clinical Task Group
- Finance Group
- Workforce Development Group

The Clinical Task Group is leading the work to provide recommendations on the potential for integrated health and social care through:

- Designing new pathways of care across health and social care
- Designing new locality teams to provide more care closer to patient's homes
- Re-designing the overall unscheduled care system for those that need treatment as an emergency
- Reviewing those highly specialised services where there are questions about their continued viability

The Transition Board will report to sponsors in April 2010 based on the objectives it was set and incorporating the early consultation feedback from stakeholders. If approval from the sponsor organisations is achieved, proposals will be subject to full consultation in June 2010 and phased implementation from October 2010.

## **Community Impact**

5 The following list illustrates the initial benefits (and potential impact) to stakeholders and the

community of closer integration of services across health and social care.

#### **For service users**

- Sustainable local services
- Services that maximise choice, personalisation and independence
- Improved health, well-being, quality of care and greater clinical effectiveness through:
  - Simplified care pathways, with single point of access, clear referral and access routes, shared assessment and management plans and a shared focus on achieving maximum well being
  - Reducing the focus on inpatient and institution-based care
  - Timely availability and seamless care from healthcare professionals
- For social care users, better integration with health services with improved outcomes for individuals and their carers

#### **For health and social care staff**

- Increased clinical productivity and responsiveness to service users
- Increased operational flexibility by better integrated working practices, maximising the skills and knowledge available
- Development of a workforce strategy across the health and social care economy
- Creation of interesting and developmental career pathways between hospital, community and social care leading to improved recruitment and retention
- Ability to train staff across different agencies to raise awareness of well being issues

#### **For the health and social care community**

- Increased public confidence
- More viable and cost effective services with perverse financial incentives removed
- Better outcomes for health and social care service users, via more efficient delivery of safe and high quality care through:
  - Better integration of preventative advice and services with consistent messages to service users and the wider community
  - Consistent support to carers and integrated mechanisms to seek and to receive feedback from service users and carers
  - Identifying and managing risks and measuring the effectiveness of targeted intervention and longer term outcomes
  - Achieving the optimum balance as to where services are provided
- Improved business continuity
- Increasing the input from locality groups in the review, planning, commissioning and delivery of services
- Improved business processes, as information will be more available and

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| <p>shared across organisations and services</p> <ul style="list-style-type: none"> <li>• Meeting local and national requirements relating to personalised care and individual choice</li> </ul> |
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**Financial Implications**

6 Detailed activity and financial analysis by the dedicated Finance Group is underway. The Group is in the process of identifying accurate costs for the new pathways (shifting of provision from a bed based to community based service) and developing a new payment mechanism to enable commissioners to purchase services based on clinical outcomes and patient experience rather than historic systems that are based on contracted activity levels.

**Legal Implications**

7 Any changes made as a result of this project could face legal challenge if a consultation process is not correctly followed.

**Risk Management**

8 The project is on schedule and risks are maintained within the project risk log which is reported to the Transition Board and is available on request.

**Consultees**

9 The Provider Services Integration Project will impact on a wide range of stakeholders across multiple organisational boundaries. Engagement and involvement of stakeholders will be crucial to the successful delivery of the project.

10 A consultation and communication plan was produced at the outset of the project and is being delivered. This is available on request. This report is part of the pre-consultation process set out in the plan.

11 Stakeholders are identified within the project documents as:

Category	Stakeholders
<b>Key Partner Organisations</b>	Hereford Hospitals NHS Trust
	Herefordshire Primary Care Trust
	Herefordshire Primary Care Trust Provider Services
	West Midlands Strategic Health Authority
	Herefordshire Council
<b>Clinical Engagement</b>	Local Medical Committee
	Clinical Reference Group
	GPs – Practice based
	GP Locality Groups

	Hospital Medical Committee
	Local Dental Committee
	Provider Services medical staff
	Pharmacists
	Nursing & Allied Health Professionals
<b>Health &amp; Social Care Internal Groups</b>	Staff Groups
	Boards
	Joint Negotiating Committee
	Clinical Reference Group
<b>External Stakeholders and Groups</b>	Service Users & Public
	Community and voluntary groups
	Herefordshire LINK
	West Midlands Ambulance Service
	Powys Local Health Board
	Worcestershire Acute Hospital NHS Trust and PCT
	Gloucestershire Hospitals NHS Foundation Trust & PCT
	Local media
	MPs
	Local councillors
	PFI Partners
	HHT Members
	Patient Representative Groups
	Herefordshire Council Health Scrutiny Committee
	Service User Groups
Trades Unions	

## Appendices

- 12 The pre-consultation document that has been shared widely with staff and the public is attached as an appendix.

## Background Papers

- None identified.