



Ealing Hospital
NHS Trust

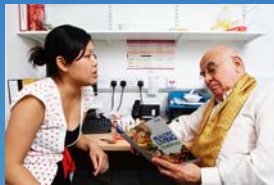


NHS
Harrow

NHS
Ealing

Ealing and Harrow Community Services

Creating an Integrated Care Organisation



Transforming Local Healthcare



Ealing Hospital
NHS Trust



NHS
Harrow

NHS
Ealing

Ealing and Harrow Community Services

Why create an Integrated Care Organisation

- Enabling new models of service provision and patient care.
- Greater support for clinical practice and enabling clinical leadership.
- Focusing on local services and on services provided in the community.
- Better use of resources.
- Achieving viable organisations.
- To establish an organisation that is clinically sustainable and better able to improve and develop services to meet the needs of the population
- Encouraging providers and commissioners to work together with incentives that promote care out of hospital.

The proposal in short

- Joining together the services currently delivered by Harrow PCT and Ealing PCT (which have been jointly managed since April 2009) with services delivered By Ealing Hospital Trust
- Using Ealing Hospital Trust as a shell but the Integrated Care Organisation being a new organisation with a new focus and new name
- Maintaining borough focused delivery under a strengthened clinical leadership structure required to drive up quality.

What Harrow services are involved

- Community nursing
 - District nursing (providing care mainly but not exclusively to older people)
 - Specialist nursing services; diabetes, heart disease, HIV, MS, IV therapies, palliative care
- Health visiting & School nursing
- Urgent care centre and clinical assessment unit
- Intermediate care team - Denham Unit and HART
- Physical disability team & learning disability team
- Approximately 300 staff and £15m

Creating the organisational foundations to enable transformational change

The creation of an integrated care organisation will deliver improvements in how services are delivered in year 1 by creating an organisation that is better able to focus of delivering local health services to the highest quality.

It is not is not looking to make fundamental service changes to the services residents receive however is creating an organisation that will be able to deliver the type of transformation that is required over the next 5 years.

Benefits of an Integrated Care Organisation

Seven major benefits from creating an ICO:

- Enabling new models of service provision to improve quality of patient care.
- Maintaining a local borough focus for delivery
- Greater support for clinical practice and enabling clinical leadership.
- Focusing on local services and on services provided in the community.
- Better use of resources.
- Achieving viable organisations.
- Encouraging providers and commissioners to work together with incentives that promote care out of hospital.

Background

National Agenda for Primary Care Trusts:

- Separation of Commissioning and Service Delivery.
- NHS Ealing and NHS Harrow will concentrate on commissioning.
- Responsibility for the delivery of community services has moved to Ealing and Harrow Community Services, at arms length from the PCTs.
- Greater focus will improve patient care.
- Commissioners no longer tied to one supplier - best value for money and the highest clinical standards.
- Contracts will allow providers to plan better and improve patient care.

Background

Department of Health's policy - acute care to be delivered by Foundation Trusts:

- EHT will not achieve Foundation status, because of its size and potential changes across NW London,
- So, EHT cannot continue in its present form.
- Options for future:
 - Acquisition by an existing Foundation Trust.
 - Merger with another NHS Trust.
 - Integration with community services.
- EHT Board is committed to a joint integration project.

EHCS Options Appraisal

- Initial discussions between NHS Ealing, NHS Harrow, EHT and EHCS over the summer.
- EHCS Board agreed to appraise six options for future organisational form.
- The 'No Change' option was discounted prior to the full options appraisal because.
 - Commissioning and service delivery must separate .
 - EHCS is too small to be viable.
- 49 EHCS clinical and managerial leaders, members of staff and staff side representatives took part in the options appraisal on 07 September 2009.

EHCS Options Appraisal

Six options were considered:

- 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.

EHCS Options Appraisal

The Option that Scored Highest:

**Create an Integrated Care
Organisation becoming a NHS
Foundation Trust**

Decision Making

Decision Process:

- NHS Harrow and NHS Ealing agree to form EHCS Dec 08
- EHT Foundation Trust application withdrawn Feb 09
- EHCS formed as an autonomous provider organisation April 09
- Developing the ICO option together Summer 09
- EHCS Options Appraisal recommends ICO Sept 09
- Three Boards meet to make decision 26 Nov 09
- If agreed, ICO commences as a "new" organisation 1 April 10

Transition Plan

New ICO Project Board Leading Transition Plan:

The transition plan has seven work streams:

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

Forming The New Organisation

Changing the Statutory Body:

- All NHS organisations operate within a statutory body.
- The new organisation will be formed using the Statutory framework of Ealing Hospital NHS Trust as a “Shell”.
- We will change the legal purpose of the Trust.
- We will choose a new “operating name” for the new organisation.
- The senior leadership arrangements will change.

Formally we will be “transferring” the community services and some of their support services into an existing organisation, Ealing Hospital NHS Trust.

But we are effectively creating a brand “new” Integrated Care Organisation, fit for its new purpose.

Changing Over Time

Short Term:

- Initial Transition Phase runs from the end of November 2009 to March 2010.
- The priority is to ensure that arrangements are in place for the new organisation to start work in April 2010.
- During the first year from April 2010 there will be a period of bedding in.

Benefits from day one

- Services will start to work closer together.
- Stronger clinical leadership
- Better value for money and creating a viable organisation

Changing Over Time

Longer Term:

- Many aspects will need to wait until after April 2010.
- Over time, services will increasingly integrate reducing “hand offs” and “hand overs”.
- A systematic Review of acute services.
 - Some continue to be run by the ICO
 - Very specialist acute services at central locations.
 - Some acute services provided in partnership with, or by other providers
- Some community services may transfer out to other organisations.
- The new organisation will be keen to expand its portfolio of services.
- The main effects on patient care and services will come in the second and subsequent years.