Eastern and Coastal Kent NHS | West Kent NHS | Eastern and Coastal Kent Community Health NHS Trust

The Future Shape of Community Service Provision
Progress Report – February 2011

1.0 Introduction

1.1 Kent Health Overview and Scrutiny Committee (HOSC) have followed the journey of community services in both East and West Kent over recent years under the national Transforming Community Services Programme. The government are now bringing this programme to an end and this brings with it a series of milestones.

1.2 Members last had an update on this matter in November 2010 and previous to that in September 2010, May 2010 and October 2009 so are aware of the context of the transformation. A summary of the Business Case for the Kent integration was provided in September and a summary of the benefits from the Business Case can be found in Appendix One.

1.3 In the written update in November 2010 members learnt that the provider arm of NHS Eastern and Coastal Kent had become a separate NHS Trust in their own right on 1 November 2010 with further integration proposed with West Kent Community Health from 1 April 2011.

1.4 This would provide Kent with a strong and locally focussed NHS community provider that could really drive care into the community and focus on supporting the young and old alike in times when they need it most, especially in the care of long term conditions, rehabilitation and at the end of life, as well as in the promotion of good health throughout peoples lives.

1.5 In November there was a period of engagement underway and a series of local decisions to be made on this approach. At the time the Department of Health had agreed the integration in principle with the final decision resting with the Strategic Health Authority; NHS South East Coast.

1.6 This paper aims to appraise HOSC members on the current position of the Kent Integration and answer the questions posed in its letter of the 13 December 2010.

2.0 Engagement

2.1 A period of engagement with stakeholders on the proposals to integrate NHS West Kent's provider arm into Eastern and Coastal Kent Community Health NHS Trust completed at the end of November 2010. During this time all GPs and NHS Trusts in Kent, Kent County Council, district councils, social services, patient representative groups, the voluntary sector and staff in both organisations were written to. In total over 6000 leaflets tailored to each type of stakeholder were sent out, outlining the proposal and asking for views on the approach. 23 formal responses were received, generally supporting the move.

Many non-formal responses given to leaders within the two organisations supported the move, however many were with the caveat around ensuring the need for locality working to support local communities and new GP consortia. This intelligence has been invaluable in recent months and members of the HOSC and stakeholders should be assured that the integrated organisation will have strong locality clinical leadership at its heart. More detailed plans for this are being developed in partnership with our partners on the front line.

3.0 Decision Making

3.1 Members will remember that in the decision making process for Kent, options ranging from vertical integration with acute hospitals, integration with the Kent and Medway Partnership Trust and Social Services, as well as creating social enterprises and devolving services to GPs were all proposed. Stakeholder engagement processes in West Kent concluded that integration with Eastern and Coastal Kent Community Health NHS Trust was in the best interest of our communities and for the services we deliver as there are already many synergies. NHS Eastern and Coastal Kent initially proposed the development of a community focused organisation to better aid integration on the front line especially between community and primary care, and community and social care.

3.2 One of the other key stages in the assessment process for Kent was the consideration of the proposal by the national Co-operation and Competition Panel (CCP). The Co-operation and Competition Panel's role are to advise the Department of Health, Strategic Health Authorities and Monitor (where appropriate) on the application of the Department of Health's Principles and Rules of Co-operation and Competition, which ensure competition is not unduly restricted in transactions such as the Kent Integration.

3.3 A submission was made in November 2010 and the process concluded on the 20 December 2010. Their conclusion stated they would not need to formally consider the application as the proposal did not meet its prioritisation criteria. This means the proposal was free to move to final sign-off by NHS South East Coast.

3.4 NHS South East Coast have undertaken a period of scrutiny and challenge on the proposal since October 2010 and their Board is formally and finally considering the proposal on the 25 January 2011. Due to the timing of these papers members of the HOSC will be updated on this decision at its meeting on the 4 February.

3.5 The integration, if accepted by the Strategic Health Authority, will be completed on the 1 April 2011. At this time Eastern and Coastal Kent Community Health NHS Trust will change its name to Kent Community Health NHS Trust.

4.0 Leadership

4.1 Members may already be aware that a Chair Designate for the proposed Kent Community Health NHS Trust has been appointed. This is David Griffiths, the current chair of NHS West Kent. David has a number of years of NHS experience. Prior to being Chair of NHS West Kent (since 2006) he was a Non

Executive Director of Kent and Medway Strategic Health Authority and Interim Chair of Swale PCT. He also served for a short period as interim chair of NHS Medway. David qualified as a chartered accountant and then moved into management consultancy where he spent a long professional career with Accenture. He was a partner there for over 12 years so brings considerable experience to the integrated Kent organisation.

4.2 The Chief Executive is currently being appointed and will be announced in February. Following their appointment we would welcome an opportunity for them to meet with members of the Health Overview and Scrutiny Committee after they have determined their vision and strategy, to build on what is outlined here.

4.3 In the meantime the leadership teams of Eastern and Coastal Kent Community Health NHS Trust and NHS West Kent Community Health are working closely together to ensure the transition is smooth and coordinated with focus remaining on the delivery of our services to our patients through the winter months; whilst evolving our locality model. To aid the integration on the front line there are a series of 12 staff engagement workshops underway across Kent introducing the leaders from each organisation to staff and providing opportunities for staff to get under the skin of the plans and the actions being taken to bring the two organisations together. These are proving invaluable.

5.0 Service Provision

5.1 On the 1 April most of the services currently provided by West Kent Community Health will transfer into the Kent organisation, together with five public health provider functions, Chlamydia, Stop Smoking, Health Trainers, Healthy Schools and the Health Information Service. Additionally there will be some back office functions currently hosted by NHS West Kent that will also transfer. It is possible that three clinical services (Community Paediatrics, Stroke Rehabilitation and TB) will not transfer into the new organisation as these align well with current hospital provision but these are subject to ongoing discussion with Maidstone & Tunbridge Wells Hospital Trust and Dartford & Gravesham Hospital Trust.

5.2 All service provision provided by the Kent Community Health NHS Trust will be subject to normal service review by commissioners in the coming years and potential competition and tendering. This will be part of PCTs and GPs working together in the coming few years to set future commissioning strategies. However teams in the two provider organisations are already working together to develop the five year business strategy for Kent Community Health NHS Trust, and in their own right the two current organisations have already won contracts to deliver services in other parts of the country; predominately in London.

6.0 Property and Community Hospitals

6.1 Community Hospitals form an integral part of the PCTs, GPs and the Community Trusts strategies. They are local centres of the community and provide invaluable services to local communities, delivered by many different providers of health and social care.

6.2 Members will recall the national direction for PCT property; where the PCTs retain the property including the community hospitals, and providers including Kent Community Health NHS Trust would rent space in those buildings to deliver services. This was a policy of the previous government and at the beginning of January 2011 the Department of Health altered their position on this.

6.3 They are now allowing NHS Community Trusts who are on the road to become a Foundation Trusts to acquire property owned by PCTs. This is a fundamental shift and means that Kent Community Health NHS Trust will become the owner of much of the two PCTs estate from a proposed date of April 2011. As this is a recent change, work is in progress, but early indications show that the majority of estate including community hospitals will move to the Community Trust.

6.4 There is one exclusion from this; which is Gravesham Community Hospital. The direction from the Department of Health state that any estate funded by Private Finance Initiative (PFI) or Local Improvement and Finance Trust (LIFT) schemes will remain with PCTs. Gravesham Community Hospital is a LIFT scheme so at this time will remain with NHS West Kent. However this will not affect any front line delivery as the Kent Community Health NHS Trust will have a lease with the PCT to run services from that building in the same way we were previously expecting for all other estate.

6.5 This change of direction is welcomed as it means the Community Trust will have the flexibility and knowledge to really utilise these local buildings to maximum effect and work with local partners on the ground including the League of Friends in each hospital to make best use of each property for local benefit.

7.0 Managing Risk

7.1 Any change of this size carries risk and all partners in this proposal are working hard to mitigate this risk as much as possible.

- The greatest risk is that staff lose focus on their patients and service users whilst the transition occurs which is why staff engagement has been a top priority from the beginning. We aim to make the transition as efficient and effective as possible with minimal impact on front-line services. Much of the change will be in back-office functions where change would have been needed anyway, in the context of the financial climate.

- The move to locality services and locality engagement is another risk being managed, as failure to do this will result in a clear dissatisfaction with local communities and local stakeholders in those communities. We already have strong locality working in many of our services including front-line integration with GPs for our community nursing services and that will continue. Our continued aim will be to strengthen this across all our services in order to provide locality clinical management where this is already not in place.

- We understand stakeholder concerns regarding whether a large Trust is able to understand local needs and so it is our absolute intention to

ensure local management of services and local connection with communities is at the heart of our ethos and mission. The benefits of size mean we can benefit from leaner and cheaper back-office and management functions meaning more can go into front line care. The savings made here will mean we can provide a strong local focus in our clinical services. We will be closer to GPs and their needs; closer to our partners needs and most importantly closer to our patients needs; at the front line where it counts.

7.2 Our other risks are being managed through our Kent Integration Board chaired by David Griffiths and mitigation plans are in place for each one.

8.0 Next Steps

8.1 As described earlier in the paper the decision by NHS South East Coast marks the final decision point in this proposal. If positive, work will continue to align the two organisational structures, systems and functions in preparation for the transfer of West Kent Community Health on the 1 April 2011.

8.2 We have work streams in place to deliver a smooth and effective transition including the Kent Integration Board chaired by David Griffiths and a Provider Transition Group where the senior teams of the two community providers regularly meet to deliver our Integration Plan.

8.3 Following the transfer the journey towards Foundation Trust status continues. Current projections show Kent Community Health NHS Trust becoming a Foundation Trust on 1 April 2013. This would involve a full public consultation in 2012. We will keep HOSC fully appraised of this journey as it develops.

9.0 Conclusion

9.1 In answer to the question posed by HOSC members; How can first class community health services best be provided for the people of Kent, we believe this proposal provides the best platform for this. Both Eastern and Coastal Kent Community Health NHS Trust and West Kent Community Health already provide many first class community health services to the communities of Kent and in coming together these strengths can be built upon and any weaknesses or gaps can be reduced.

9.2 The sharing of ideas and coming together, even in this interim stage have already proved invaluable, especially in the development of our financial strategies and our clinical ways of working on the front line. This organisation will be best placed to enhance services delivering in the community and work with our GP, social care and voluntary sector partners to keep people at home; as independent as possible, for as long as possible.

9.3 This is an exciting time for community services; we are at the centre of the NHS strategy nationally and at the heart of the NHS in Kent. The leaders within the two current community organisations are passionate about community healthcare and they would absolutely welcome the support of HOSC to really make this change work for the long term; for the benefit of the people we collectively serve.

Appendix One: Summary Business Case

The full Business Case can be found at

http://www.eckcommunityservices.nhs.uk/media/76574/cs076-10%20pan%20kent%20community%20nhs%20trust%20proposals.pdf

This Business Case highlighted significant benefits including efficiency gains and reduction in management costs as well as:

- Sharing clinical expertise and best practice across the county.
- Reduced service inequalities.
- Greater integration between health, KCC and social care to realise the benefits of single assessment processes, personal health budgets for health and social care and a single point of access for referrals, carers and clients/patients .
- A stronger community focus with locality working across the GP consortia and districts of Kent within a community ownership framework possible through the NHS Foundation Trust model.
- Strengthened opportunities for innovation, clinical careers, audit and research.
- Improved interface with the acute sector with standardised approaches, for example in hospital discharges.
- A strong community employer working with the voluntary sector, volunteers and local communities.
- The opportunity for Kent to become a strong, national voice and centre for community service innovation and delivery.
- Reduced duplication of back office functions.

It will also ensure:

- Integration of clinical services with other sectors and agencies at a patient, rather than organisational level.
- The broad spectrum of health needs associated with the demographics and health inequalities of Kent are met.
- Choice to patients in a geographical area that hinders competition in the eastern and southern parts of Kent.
- Care traditionally delivered in hospital can be safely and appropriately delivered in the community especially in the care of children, treatment of long term conditions, rehabilitation and end of life care.
- Strong community engagement and involvement in community services.
- Delivery of the PCTs' Strategic Commissioning Plans in the current economic climate.
- Effective economies of scale in a tough economic climate with a reduction in overheads and an increasing level of productivity and efficiencies.
- Good staff engagement and satisfaction and ensuring NHS staff terms and conditions are retained during organisational change.
- GP commissioning, as it evolves, is strongly linked to community care, whilst maintaining governance and safety.