

**PROVIDER SERVICES ALLIANCE DEVELOPMENT REPORT: 1 October  
2009**

**TRANSFORMING COMMUNITY SERVICES**

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**1. INTRODUCTION**

In March 2009, after a 12 month period of working increasingly in partnership to deliver provider services, the Public Board meetings of both NHS Haringey and NHS Islington agreed to establish a provider services alliance governed by a Joint Provider Board, properly constituted as a committee of the main Board of both PCTs and operating autonomously and accountably as a Direct Provider Organisation within the governance arrangements of both PCTs. This is consistent with the Department of Health's Transforming Community Services policy and Healthcare for London.

**2. LEADERSHIP**

The Joint Board's membership is six Non-Executive Directors (three from each PCT) and three Executive Directors (Chief Operating Officer, Associate Director of Finance and Clinical Lead). Both statutory Directors of Adult Social Services and the Director of Islington's Children's Services are co-opted members.

An interim Joint Chief Operating Officer was appointed to lead an Alliance Management Team to support and advise the Joint Board and manage the services delegated to the Joint Provider Board. At the initial meeting of the Joint Provider Board in June the Board received a Programme Report including a summary of the anticipated benefits to be realised (refer to appendix 1).

**3. IMPROVING HEALTH AND SOCIAL CARE SERVICES AND OUTCOMES**

Alliance-wide Lead responsibilities that have been agreed for Transforming Community Services, the associated six care pathways and the Social Care Transformation agenda (acknowledging that the primary Lead responsibility is with the Directors of Adult Social Services).

The aim is to capitalise on best practice in quality and productivity improvement through the inter-dependent Transformation Programmes for Community Health and Social Care. The relevant leads are undertaking stock-takes against the recently produced NHS Transformation Guides and Quality Framework to identify:

- service areas of best practice to promote and learn from
- service areas on which to focus improvement support

- opportunities to accelerate the development of care pathways to support commissioners in implementing improved neighbourhood and specialist services through poly-systems.

#### **4. DEVELOPING AS AN EFFECTIVE ORGANISATION**

At the Joint Board's meeting in September reports were presented and approved on the basis of which the Provider Services Alliance:

- has completed a self-assessment as having achieved NHS London's requirements for Business Readiness status by 30 September 2009. The evidence for this is being reviewed by NHS London
- has an effective organisational and partnership development plan for the priorities for the next stage of development for the Provider Services Alliance as a fit for purpose Direct Provider Organisation of both PCTs for the next 6 to 18 months
- will be subject to an Option Appraisal process and timeline to evaluate and make recommendations to both PCT Boards by 31 March 2010 on the most effective future form of organisational governance for the Provider Services Alliance from 2011/12 and agree an implementation plan for 2010/11 to support this. This is a requirement of the Department of Health's Transforming Community Services policy.

The Alliance's care services and support services are funded through service level agreements with commissioners. NHS Haringey (adult services) and NHS Islington (child and adult services) are the main commissioners, however the Alliance provides specialist community services to neighbouring boroughs and prison healthcare at HMP Pentonville. Current operating income for Haringey provider services is approximately £32.9m.

#### **5. FEEDBACK FROM ENGAGEMENT EVENTS**

A continuing programme of engagement of staff and partners in the whole of the Transforming Community Services agenda is in place, which extends back over the past year and is supported by a communications plan looking ahead.

Through close partnership with Council Directors and Cabinet and Scrutiny members leading on working with health services, these activities are progressing hand in hand with Putting People First, the Social Care Transformation agenda.

Both PCTs' recently concluded consultations on their respective Primary and Community Care Commissioning Strategies. The Alliance is committed supporting the implementation of these strategies by transforming integrated health and social care services in local, community neighbourhoods and across specialist care pathways.

Two externally facilitated Engagement Events attracted over 200 participants of whom nearly all were staff from across the range of frontline and support services and provided a good representative mix of roles and professions. Partners were invited to these events as well as being engaged directly for their views through members of the Alliance Management Team, as explained in Section 6.

In summary, participants' feedback was that:

- We all felt that we would need more information and that there were a lot of unknowns and what ifs.
- At the Islington based event, it was felt that the current political climate is an important consideration.
- We all felt that **how** we work is more important than the structure as such.
- Although each of the models has attractions and problems – any of them could be made to work – equally, none of them “tick all the boxes”.
- At the Haringey event, additional feedback was that most of us least favoured the integration (with current Acute NHS Trust services) model – partly because of too many possibilities and risk of fragmentation.

The outputs from these events have been directly fed into the development of options and criteria within the option appraisal process proposed later in this report.

Participants considered that developing the Alliance should remain top of our agenda.

This feedback fits well with the views expressed by both NHS Haringey Board and NHS Islington Board at Board Development events earlier this year. It also reflects the outcomes of engagement meetings held to date with LINKs representatives, staff representatives and service partners in local NHS Trusts and Council Directorates leading on working with health services.

## 6. NEXT STEPS

The Joint Board has a Development Workshop on 23 October to review progress in developing improved services and consider the next phase of the option appraisal process regarding the future organisational form for 2011/12 and beyond. The outputs from the Engagement Events have been directly fed into the development of options and criteria within the option appraisal process. Discussions continue with partners, staff and their representative fora.

In summary, partners and staff prioritise: focusing on transforming service quality and productivity; maintaining the momentum created by the Alliance for improving services in partnership over the next 18 months; and remaining open to the emerging options for selecting the best possible future form of governance. This guides the day to day work of the Alliance in improving services and outcomes with our partners in Haringey and Islington.

# Appendix 1

## 4. Expected Alliance benefits

Organisational benefits	Benefits to patients
<ul style="list-style-type: none"> <li>• <b>Provider focus</b> – The creation of a larger “provider only” organisation should mean that we can focus on what we do best – “providing services to patients”</li> <li>• <b>Economies of scale</b> – Increased Scale across clinical service lines should improve quality and risk management with lower overheads and management costs in relation to size</li> <li>• <b>Long term viability</b> - Increased critical mass, revenue and diversity of customer base will increase organisational robustness. More able to manage loss of revenue and create critical mass within borough based service line. Improved competitiveness in the marketplace</li> <li>• <b>Specialist resources</b> - Sharing of NHS specialists and expertise</li> <li>• <b>Attracting talent</b> – Ability to attract and retain quality leadership</li> <li>• <b>Local authority collaboration</b> - Scope for sharing the learning from health and social care alliance in Islington across to Haringey</li> <li>• <b>Not a fixed end state</b> – this can be worked through with staff and stakeholders</li> <li>• <b>A strengthened NHS brand</b> – The Alliance will help reinvigorate the NHS brand locally</li> <li>• <b>Value for money, greater investment and associated innovation in services</b> - The Alliance should be able to deliver better value for money in different service areas allowing for more resources to be invested in service improvements and associated innovation in service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increased choice</b> – In the long term there is likely to be a greater choice of services available to the patient. This should lead to more choice locally in certain specialist services, as well as improved access to services</li> <li>• <b>Shorter waiting times</b> – More choice of providers should mean shorter waiting times. The Alliance should also be able to deliver “efficiencies in operations” which will help to cut waiting times in key areas. This should make it easier to access services in both boroughs</li> <li>• <b>More and better quality clinical advice</b> - Patients should benefit not only from “more clinical time” but also a better overall quality of clinical service (not just in terms of efficient operations such as shorter waits, but also localised delivery and higher standard of advice. The Alliance will be better placed to attract and retain good quality staff. It should be easier to embed quality standards.</li> <li>• <b>Best practice led services</b> – Best practice and learning will be shared to the benefit of patients. There will be “a sharing of expertise and skills” e.g. as is already happening with specialist nursing. There will be more opportunities for staff development and training</li> <li>• <b>Improved service viability linked to a stronger local presence</b> – The size of the Alliance will improve service viability. A larger organisation will have a stronger bargaining position vis a vis Commissioners and be able to lever in more resources. “There will be less gaps and less duplication overall”</li> <li>• <b>More and better patient and public involvement</b> – The Alliance should benefit from best practice in patient and public involvement.</li> </ul>