

## **Haringey TPCT submission to Haringey Overview and Screening Committee on Whittington NHS Trust Foundation Trust Application**

### **1. Introduction**

The Whittington Hospital has been invited to submit an application to become one of the seventh wave of Foundation Trusts.

As a major commissioner of services provided by the Whittington, this will have implications for Haringey and this paper sets out the context and some of the considerations that will need to be taken into account by the TPCT. This paper reflects discussions with and the response of Islington PCT, the lead commissioner for the Whittington and this information will be reflected the formal response submitted to the Whittington for the PCTs.

### **2. Background: What is a Foundation Trust**

NHS foundation trust hospitals are a new type of organisation, the ethos behind them was that they should be accountable to their local community rather than to central government and more responsive to the needs and wishes of their local people. However, they firmly remain part of the NHS and provide healthcare services consistent with NHS standards and principles.

A NHS foundation trust hospital is governed by a members' council, which is elected by its members. Patients, the public, staff and local organisations can all become members. The members' council works with the hospital's board of directors to agree its strategic direction. The thinking behind this is that local people can have a say in how the hospital's services are run and developed.

NHS foundation trust hospitals have greater financial freedom. They can seek new sources of income, retain any surplus and decide, in partnership with the members' council, how best to spend their money to meet the needs of their patients and local communities.

NHS foundation trusts are organised and governed in a different way to existing NHS Trusts and have three main components:

- *The membership* made up of patients, staff local people and partner organisations, such as PCTs, GP practices, local authorities and voluntary organisations
- *A members' council* of about 30 members that includes individuals elected from the membership and people appointed from partner organisations. The Whittington are proposing that this includes four members of staff
- *A board of directors* made up non-executive and executive directors, the chairman and chief executive

### **3. Implications for Haringey TPCT**

The Whittington is not in the first wave of trusts to seek Foundation status. UCLH, Moorfields and the Homerton were among the first wave of trusts to move to FT status some three years ago. Barts & The London and the Royal Free are in earlier waves of working up bids. Camden & Islington Mental Health and Social Care Trust are in the final stages of moving to FT status and Barnet, Enfield and Haringey Mental Health Trust are preparing to apply for FT status.

Once trusts move to become an FT they gain greater flexibilities and freedoms and crucially move out of the performance-monitoring framework of the Strategic Health Authority. Their formal performance monitoring relationship moves to Monitor, and greater responsibilities are placed on their lead PCT (in this case Islington) to negotiate their legally binding contract and to oversee their performance monitoring on a day-to-

day basis. The contractual responsibilities therefore become more formal and defined as the contract takes on a different status.

#### **4. Activity Assumptions**

As part of their FT application trusts need to submit a detailed activity business case. The local health community and London as a whole are in the middle of a number of important pieces of strategic work that will shape models of care for the next decade – the consultations on the Primary Care Strategy and the Healthcare for London report, PCT Commissioning Strategy Plans and Collaborative Commissioning Intentions for each sector – these make it almost impossible for either Islington or Haringey to provide the Whittington with detailed longer-term modelling assumptions before completion of these consultations and planning processes. However, they do indicate a shift in the boundaries between primary and secondary care, many elements of care currently provided in secondary care moving to primary care. In addition specialised care may be at a smaller number of acute trusts the potential for some work to shift to more specialist providers where appropriate.

The Whittington have therefore had to make their own assumptions about the shape of care, and range of services, that they want to deliver in the future. However, there will need to a level of flexibility and adoption of these plans as the PCTs develop their commissioning plans and Islington PCT has already highlighted this to the Whittington. PCTs will be looking for a commitment from the Whittington, as an FT, to engage constructively in these discussions and to work with both its local PCTs to implement agreed changes.

#### **5. Partnership Working**

##### *Partnership working*

Good progress has been made in recent years around partnership working with, for example, some specific joint projects around long term conditions. Islington and Haringey PCTs would like to see the joint working and partnership relationships developed further, to underpin their new status. We trust that both Islington and Haringey PCTs will have an equal and valued place at the table and clear voice in helping to shape how the hospital develops in the future.

In order to do this we would like a visible demonstration to both Islington and Haringey PCTs about the value placed by the trust on partnership working. Real and active engagement and joint working with its key partners – the public, patients, GPs, the local authorities and both its local PCT – need to be explicitly set out clearly within its governance framework as an FT.

##### *Best care pathways for local people*

One of Haringey TPCT's strategic objectives is:

*to improve quality and access to services, ensuring better access to the right care at the right place at the right time; providing more integrated care in the local community.*

We would like to see at the centre of its ethos as an FT the vision of the Whittington Hospital as a high quality choice for local people, at the heart of the community, and a part of integrated community based care pathways.

In working to deliver the best care for local people, the Whittington as a Foundation Trust will put our PCT aspiration into practice, seeking to deliver care in the best interests of patients regardless of its physical setting.

Over the next few months the health economy in London will be consulting on the models set out in Healthcare for London the report by Prof Sir Ara Darzi, and developing services in line with our PCT specific Commissioning Strategy Plans and sector-wide Collaborative Commissioning Intentions. We are looking for assurances that the Whittington to be an equal partner and cooperative partner.

In particular the PCT is looking to focus on a number of areas, and is looking for a commitment from the Whittington for active collaboration and engagement. Three in particular stand out:

- A commitment from the trust to engage with health prevention and promotion strategies; to see their role as to improve health and not just treat illness;
- A priority for Haringey TPCT is the finalisation and delivery of our primary care strategy, following the completion of the consultation. In the short-term existing solutions – such as Right Care: Right Place – will need to be rolled out and strengthened. Again the trusts active engagement in this process is sought.
- Delivering the 18-week target is the biggest waiting time target that the NHS has had to deliver. As part of the move towards becoming a Foundation Trust, we are looking for a commitment that the trust will deliver the targets, and that there is a commitment to achieve the targets as part of a fundamental remodelling of the way that care is delivered, through redesigning care pathways. Any increases in capacity need to be negotiated and agreed and the target delivered within the agreed activity envelope.

#### *Behaviours*

The move to become an FT requires a different and more mature contracting relationship between the trust and its significant commissioners, underpinned by a legally binding contract.

As PCTs – Islington and Haringey – are committed to putting in the effort and resources to make this work effectively. We will seek assurances that the trust is also committed to making this different and more mature relationship work. This has implications for all partners and the way we work, built on trust.

Historically both PCTs have expressed frustration about access to information, as part of a more mature, contractual relationship, we will be looking for a more open approach to data sharing between primary and secondary care.

## **6. Conclusion**

In conclusion, Haringey TPCT welcomes the Whittington's application to become a Foundation Trust.

There are two key considerations and areas where assurances will be sought that need to form the basis of our response to their formal consultation working with our colleagues at Islington PCT as the lead commissioners:

- Given the current commissioning context – the consultations on our Primary Care Strategy and Healthcare for London report, the PCT Commissioning Strategy Plans and Collaborative Commissioning Intentions for each sector – the TPCT is not in a position to sign up to any detailed modelling assumptions, the Whittington need to note and manage this risk;
- We will also seek assurances about the ethos and behaviours of the new organisation.

4th October 2007