

NHS Hampshire Plans for 2010/11

Briefing for Health Overview and
Scrutiny Committee

18 May 2010



Contents

- What is a PCT?
- Role of NHS Hampshire
- What are we here to deliver?
- What needs to change?
- What does this mean for Hampshire residents?



A Reminder: the Responsibilities of a PCT

- Lead and manage the local health system
- Improve the health of the population – particularly the disadvantaged
- Commission high quality services for the local population
- Ensure value for money from taxpayers money
 - Better health
 - Better care
 - Better value



- We commission (buy) services for the 1.26 million people living in Hampshire
- We have an annual budget of around £1.9 billion – around £1,508 for every person in our area
- The Hampshire area is divided into three geographical areas:
 - West Hampshire – covering New Forest, Eastleigh, Test Valley and Winchester
 - North and East Hampshire – covering East Hampshire, Basingstoke, Deane, Hart and Rushmoor
 - South East Hampshire – Fareham, Gosport and Havant
- We commission or contract services from other organisations including NHS hospitals, mental health and learning disability services, GP practices, dental premises, pharmacies and optician practices
- We are held to account by NHS South Central



Population Health

- Population 1.26m
- Good life expectancy
- Good performance on outcomes
- Low health inequalities
- 17% of over 65s (increasing by 20% by 2015)
- Managing the impact of age related disease
- Inequalities in Havant, Rushmoor and Gosport



Hampshire Health System

Key Metrics & Partners

- 1.26m population
- £1.8bn budget
- Funded at 86% of national average
- Hampshire County Council
- 11 City, District & Borough Councils
- 14 MPs
- Hampshire LiNK
- Hampshire Police
- Hampshire Fire & Rescue service

Acute (47% of spend: £846m)

- 5 main providers account for 82% of all acute spend
- 400 contracts

Mental health & Learning Disability (13% of spend: £234m)

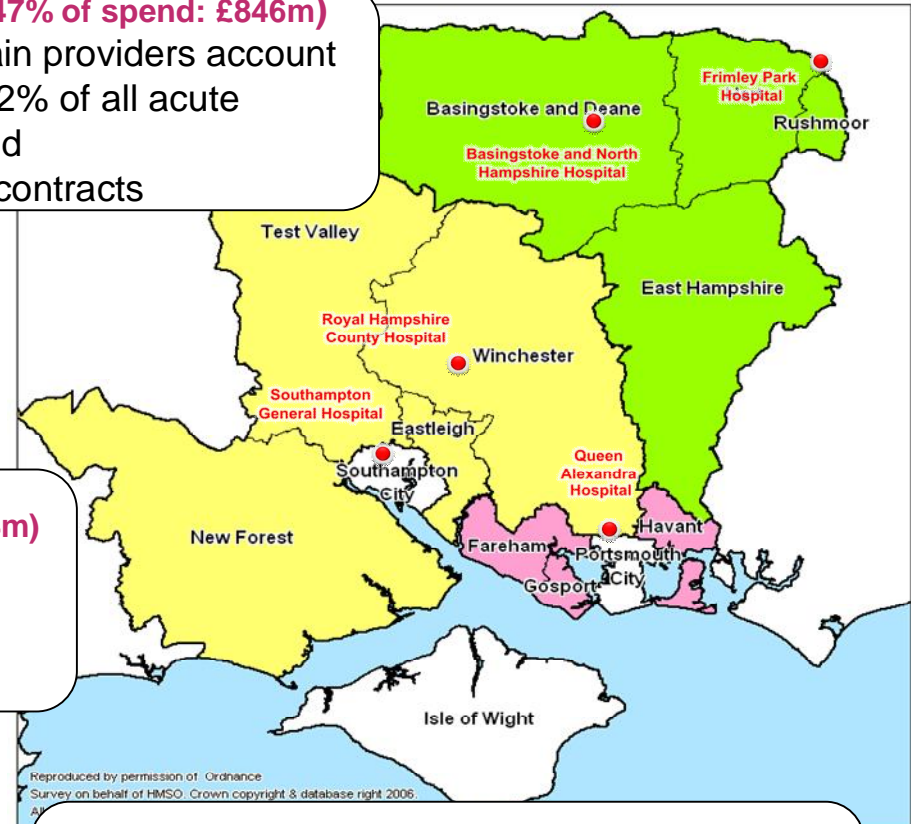
- Hampshire Partnership NHS Foundation Trust
- Surrey & Borders NHS Foundation Trust
- Hampshire County Council

Primary Care (25% of spend: £462m)

- 148 GP practices
- 214 Dental practices
- 225 Pharmacies
- 144 Optometry practices
- 4 Out of Hours providers
- 16 PBC localities

Community Providers (10% of spend: £183m)

- Hampshire Community Health Care
- Solent Healthcare
- Voluntary / 3rd sector partners



Amongst Our Successes

Improved Access to local services

- Reduced waiting times for hospital treatment
- Improved access to GP surgeries
- Significantly expanded the range of services available in the community
- Established new models of care
- Opened new NHS dental practices
- Launched new services to help people give up smoking
- Established new services so that newly diagnosed diabetics can start insulin treatment in primary care
- Supported patients to manage their condition more effectively
- Reduced the number of patients having to travel to hospital
- Vascular inequalities programme

Stroke Strategy

- Quicker access and faster diagnosis
- More effective rehabilitation and fewer days spent in hospital after a stroke
- Long-term support for patients and carer
- Working with hospitals to develop specialist stroke units

Feedback from Patients and the Public

- Quality tool
- More than 20,000 contacts



Hampshire's Challenges

- Financial situation

- 2009/10 Position

- Really challenging to break even
 - Acute Pressures/Continuing care/Specialised Services/Prescribing
 - £58m Savings programme: £43m delivered
 - Underlying recurrent problem of circa £27m – 1.5%

- 2010/11 status and outlook

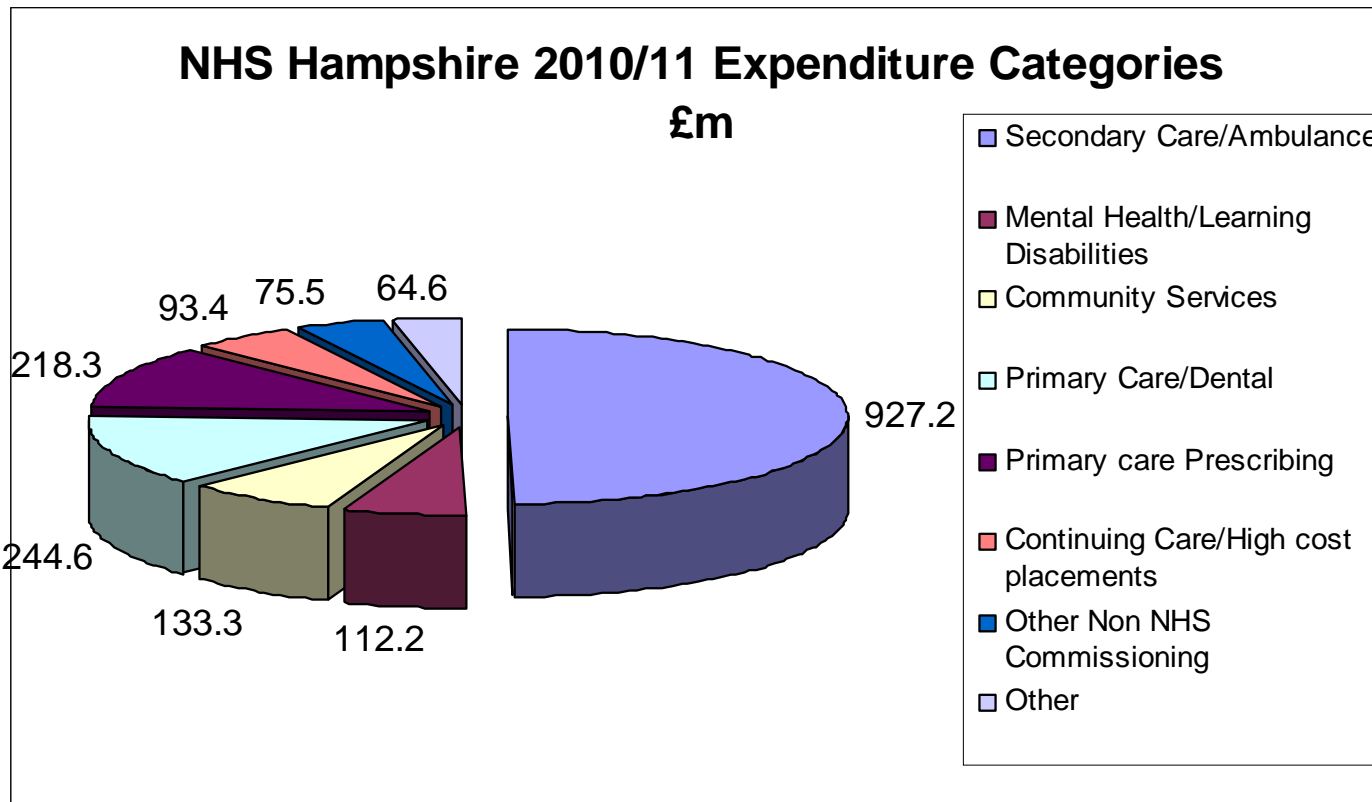
- 'do nothing' affordability gap of **5%** (3.6% in 2011/12)
 - Significant plans to manage this but still residual gap
 - Gap has been apportioned over contracts

- Performance challenges

- Provider Landscape and Sustainability



Use of Resources in Hampshire



What is the answer to all these challenges?



Long Term Solution: Strategic Plan

● **Primary, Community and Mental Health Care:**

- Expand and develop out of hospital model of care so that more services are available outside hospital, and fewer patients are referred in for specialist treatment
- Working collaboratively with social care to align out of hospital and Hampshire Model – crisis care and re-ablement

● **Acute care:**

- Acute hospitals to reduce spend by 15% by 2014, by ensuring high quality productive practice, with remaining focus on secondary/specialist care
- Improved commissioning and procurement – reducing spend on specialised services commissioning

● **Staying Healthy:**

- Focus on prevention
- Tackle health inequalities



Operating Plan: Enabling communities to stay healthy

- weight management, smoking & alcohol reduction (particularly in deprived areas)
- increase 40-74 year olds invited to have an NHS health check to improving life expectancy
- improve our breast, cervical & chlamydia screening rates
- partnership working to reduce teenage conceptions



Operating Plan: Transforming Unplanned Care (34% of acute spend)

- commissioning accountable, joined up, out of Hospital care
- improving front of house services (A&E)
- improving primary care and out of hours services
- improving and better integrating Ambulance Services
- management of long term conditions
- supporting the earlier, safe and appropriate discharge of patients from hospital



Operating Plan: Transforming Planned Care (45% of acute spend)

- clinically led review to reduce unnecessary referrals to secondary care
- new ways of working within hospital - advice and guidance
- decommissioning procedures of limited value and reducing unjustifiable clinical Variation
- out of area repatriation
- improving cleanliness (reducing healthcare associated infections) and access (continued 18 week delivery)



Operating Plan: Everyone to be more efficient!

- hospital productivity, primary care productivity, management costs
- prescribing
- workforce – skill mix, benchmarking, pay
- ensuring organisational configuration support the transformation of services
- more shared services – clinical and back office functions



Operating Plan: Strengthening Joint Commissioning

- Joint Strategic Board (Adults and Older People)
 - Out of hospitals services
 - Commissioning of re-ablement beds
- Joint Health Commissioning Board (Children's Services)
 - New specification for CAMHS services
 - Joint review of therapies and services for children with complex needs



How are we taking this forward? “The Modern NHS”

- Must work with the public
- Must work with our partners
- Must work with clinicians
- The Modern NHS
 - More self care and personal responsibility
 - More services available in a community setting
 - Less emphasis on beds
 - Greater specialisation and specialist centres
- Must support people to adapt and make the necessary changes



Thank You

Any Questions?



**Future organisational form of
Hampshire Community
Healthcare –
progress update to HOSC**



Process

- DH requirement of all PCTs to make a recommendation to SHAs on future organisational form for provider arms by 31st March 2010
- NESH established Provider Review Committee and approved Commissioner Case for Change
- Preferred model determined as integration with single acute or mental health organisation with existing significant service provision within Hampshire
- Expressions of interest invited, 2 proposals received & preferred option identified as integration of HCHC with HPNHSFT, approved by Hampshire PCT Board 25th March 2010
- SHA approval in principle end March
- Technical merger group established to take work forward – April 2010
- Clarity on timescales emerging over next few weeks

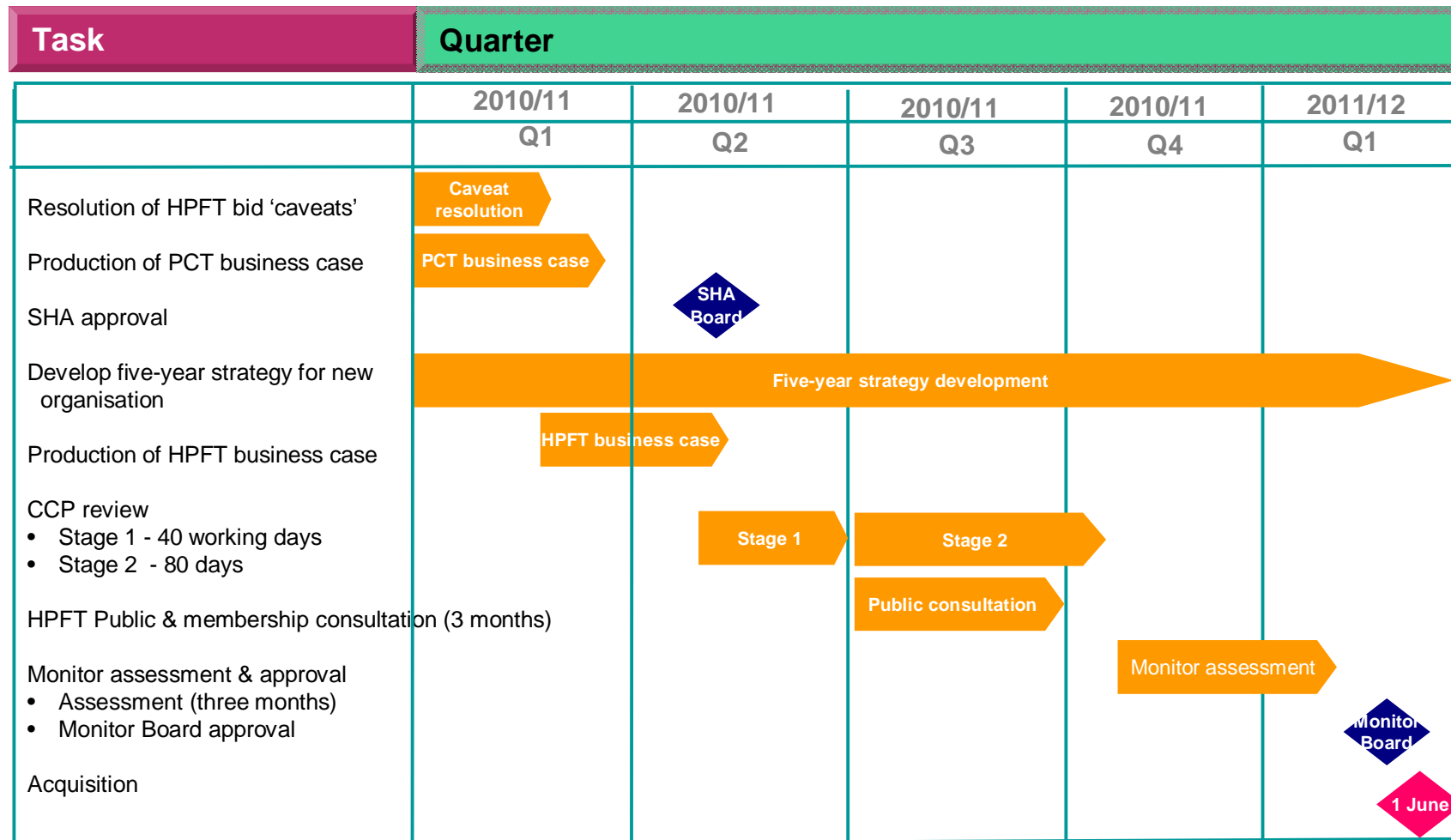


Integration of HCHC and HPFT: Streams of work

	1	2	3	4
	Technical integration of HCHC into HPFT	Development of service & OD strategy for integrated org, & planning to deliver it	Business as usual for HPFT, and internal due diligence on the acquisition	Business as usual for HCHC and ongoing delivery of service transformation
Aim:	Successful completion of the transaction to formally integrate HCHC and HPFT	Create joint strategy and implementation plan for new integrated organisation	To maintain focus on delivery of existing services and for Trust to undertake its own due diligence on the proposed integration	To maintain focus on delivery of existing services and maintain momentum of service transformation
Tasks include:	<ul style="list-style-type: none"> Establish integration project Develop PCT business case for integration Develop governance and structures Staff and public/patient engagement Historic due diligence Plan to meet Monitor and DoH requirements for a 'significant' investment/acquisition Understand and plan to meet requirements of SHA and CCP 	<ul style="list-style-type: none"> Develop joint vision and values for integrated services & org Develop joint clinical (service) strategy Engage with partners in PbC, HCC and acute trusts in strategic direction Develop joint organisational development plan Establish optimum organisational design to deliver vision Develop joint supporting strategies (eg information, estate, etc) Develop plans to deliver step change in productivity 	<ul style="list-style-type: none"> Maintain focus on delivery of existing service portfolio and minimise potential distraction Undertake due diligence to understand implications of integration and enable Board to make investment decision in line with Risk Evaluation for Investment Decisions guidance 	<ul style="list-style-type: none"> Maintain community services focussed on service delivery and performance, minimising distraction of org form
Responsibility & governance	Joint responsibility of HPFT, HCHC & NHS Hants with shared governance arrangements	Responsibility of HPFT and HCHC	Responsibility of HPFT –HPFT responsible only for existing business until transfer date	Responsibility of HCHC – HCHC fully responsible for community services until transfer
Relevant guidance and approvals:	NHS Transaction Manual Monitor Compliance Regime REID for NHS FTs guidance	HPFT Board and Membership Council approval	HPFT Board and Membership Council approval. Risk Evaluation for Investment Decisions by NHS FTs guidance	
Timescales:	Business Case by end June 2010 Transaction: 6-9 months	12 months	Due diligence: 1-3 months	Ongoing until transfer

Integration of HCHC and HPFT:

Draft timelines



Any questions?

