

Competition or Collaboration –
which works best for rural DGH's?
Is integration the answer?

Jo Newton

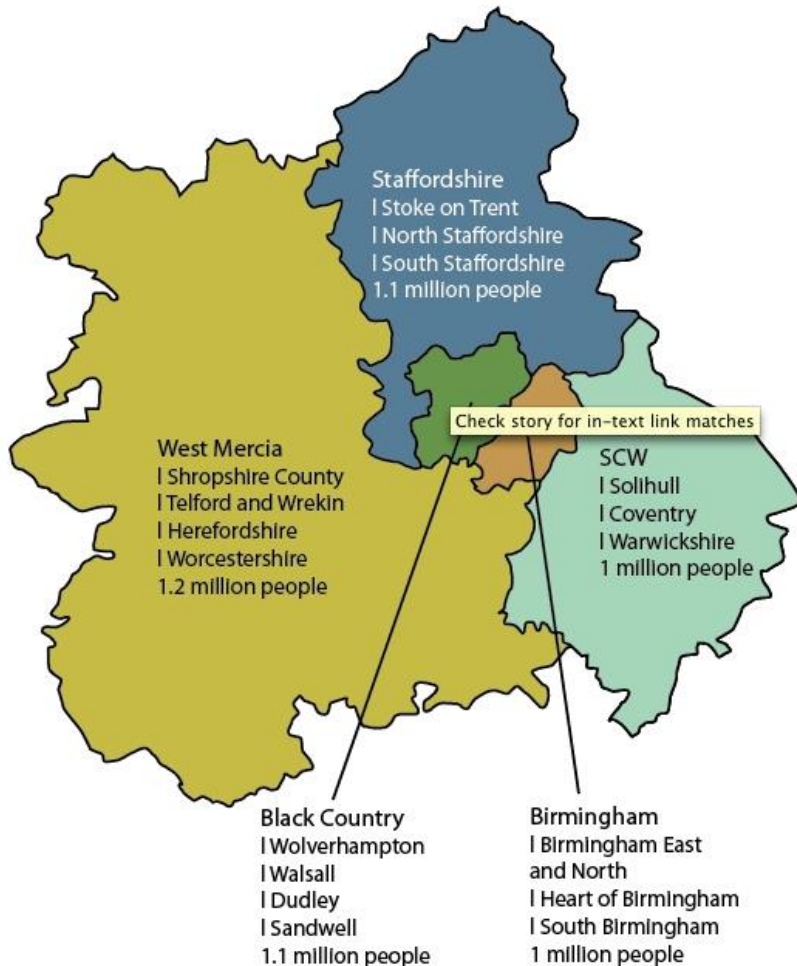
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West Mercia PCT cluster

60% geographic area, 1 million pop.



- 6 CCGs
- 4 HWBB
- 4 FT's (RJAH, SASSA, 2gether, WMAS)
- NHS Trusts
 - 2 DGH's
 - 1 ICO
 - 2 commy/MH trusts

...a personal perspective



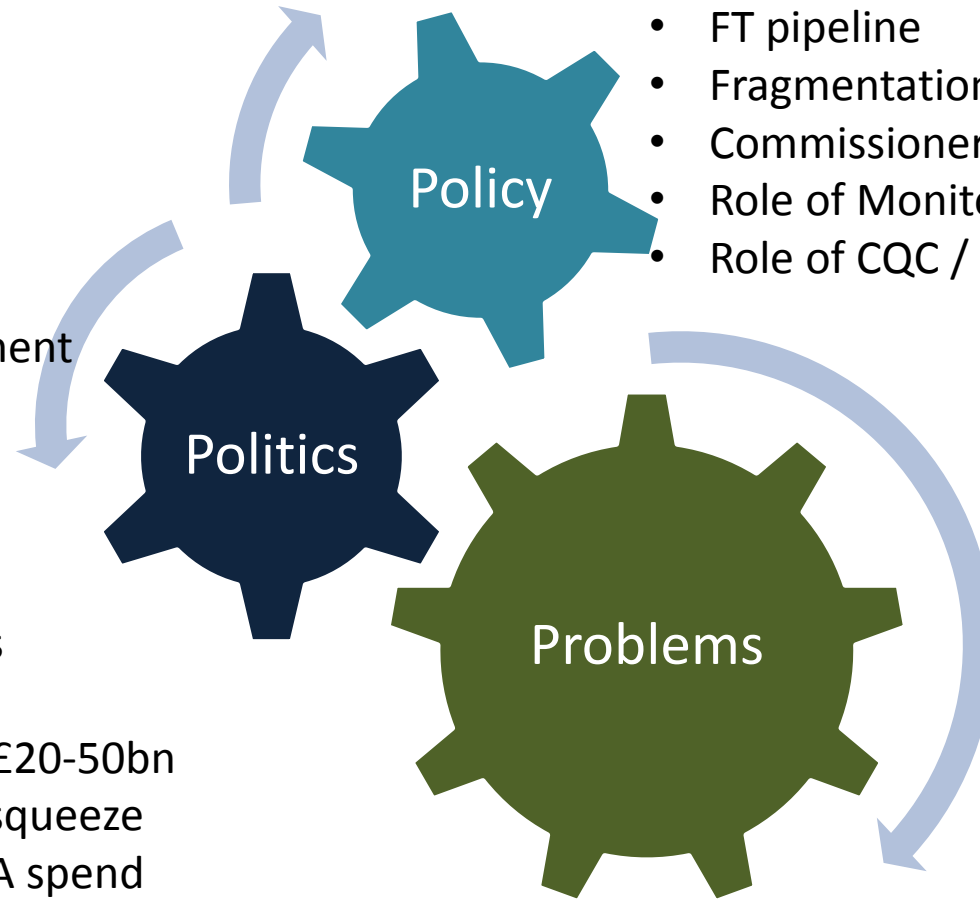
- Problems
 - Rurality
 - Demographic
 - Health inequalities
- Policies
 - PbR, FT, specialisation
 - Health Act 2012
- Politics
 - Intransigence
 - Hospital as King

Guardian article – Primeval Soup

<http://www.theguardian.com/healthcare-network/2013/aug/01/recipe-rural-health-social-care>

‘Waiter, waiter I have a fly in my soup!’

- NHS ‘sacred cow’
- Ideological
- Political cycle
- Coalition government



- Payment by results /tariff
- FT pipeline
- Fragmentation of system
- Commissioner immaturity
- Role of Monitor
- Role of CQC / Mid Staffs

- Demographics
- Rurality
- Financial gap £20-50bn
- Public sector squeeze
 - Impact LA spend
 - Wellbeing budgets

...a personal perspective

MATT



'I have only £17.50 left. Do you have any ailments in that price range?'

- NHS Constitution
- Equity of provision
- Patient choice

.....what is the answer?

- *Collaboration?*
- *Competition?*
- *Integration?*

Herefordshire - *Place & People*

- **4th** lowest population density in England
- Average earnings **25%** lower than nationally
- Older population profile than regionally & nationally; increasing more rapidly
- Only **48%** of population live within **4km** of GP surgery



The Challenge

- Divergence national policy and local need

Identified strategic needs:

- sustainable, viable, quality provider services built around patient need
- local decision making
- increased management capacity & capability

Evidence base

- Kaiser Permanente visit 2003
- KPMG evaluation 2009
- HSMC Report 2009
- Case study evidence
 - Scotland, Cumbria
- Research sources – Nuffield Trust / King's Fund
- Fact finding visits 2010
 - Torbay, Peterborough, Milton Keynes

Herefordshire Public Services (HPS) aims are :

- Improved outcomes for local people
- Excellence in service delivery
- Focus on customers' experience
- Being efficient and delivering value for money

Local provider response – *Integrated Care Model*

- Service delivery built around clinically & patient driven care pathways
- Creation of a new ICO under one management structure for community, acute and adult social care

Learnings – *Leadership* :

- ‘Look out not up’ !
 - *Strategy based on local needs*
- Window of opportunity
 - *Take risks*
 - *requires determined leadership*
- Focus on areas in common
 - *Patients outcomes > transactions*
 - *Services > organisations*

Learnings – *Engagement*:

- Be patient
 - *it may be a long courtship*
- Full clinical engagement
- Stakeholder support
 - *OSC, 3rd sector, Links, carers*

But investment in OD is key to embedding change

Learnings - *Organisational*:

- Commissioner role – for health & wellbeing
- Get Providers to own the problem & propose the solution
- Merger v acquisition - *Partnership of equals*
- Benefits realisation
 - *Potential to cost before it pays*
 - *'Bandages' for 'pot holes'*
- Regulatory / governance relationships
(some creative thinking required)
 - SHA / DH / CCP / Gvt Office / LGA

...and now

MATT



'I have only £17.50 left. Do you have any ailments in that price range?'

- New landscape
 - CCGs
 - HWBB
 - AQP
 - PHE
 - NHSE
- Health & social care plans & pioneers

*.....do we know what
Integration is?*

Questions?

Jo Newton

Principles in Partnership

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