

AN ISLAND WAY FORWARD FOR REFOCUSING LEADERSHIP

There is now agreement in principle from each of the 3 stakeholders to work towards a Health and Social Care Trust for the island with a target date of April 2006.

This proposal is aimed at establishing interim management arrangements for healthcare on the island in the run up to the creation of a new health and social care trust, and as such will obviate the need for the creation of a single joint management team as envisaged by the Strategic Health Authority.

The decision on the inclusion of commissioning has yet to be taken although all three organisations seem to favour Option 5 provided the robustness of the Commissioning role can be maintained. The suggestions below would not jeopardize this position.

Challenges

1. Develop the strategic direction, governance, and workforce arrangements as part of an application to the Secretary of State for the formation of a Health and Social Care Trust based on the PCT model described in the PwC report.
2. Deliver the targets agreed in the Local Delivery Plans of the PCT and the IoWHCT. Delivery of these targets will be a pre requisite for the success of any application for the formation of a new care trust. The IoW Council's willingness to participate in the new venture will in part depend on the NHS organisations being in a sound financial position before the new trust is formed. Similarly the financial viability of the IoW Councils Social Service and Housing provision will need to be assured and targets delivered if any application for a care trust is to be successful.

The first challenge must be dealt with by all three main stakeholders as equal partners.

The challenge of meeting LDP targets is a separate matter for each organisation but since the SHA regard the IoW as a single health economy the targets facing the two health trusts would be more likely to be achieved if there was a single team handling this challenge.

It has been acknowledged by the SHA as well as the three stakeholders that there is a considerable amount of work in 1 above, and dedicated resources would need to be allocated for this purpose if the April 06 deadline is to be met.

The model being proposed for the IoW is unique and ground breaking. Senior officials at the Department of Health have been kept fully informed of the plan.

The model being adopted in the rest of Hampshire and IoW SHA area is not really appropriate to the specific needs of the island community (not least since the island model seeks to integrate all health and social care services) and is unlikely to have support from all stakeholders. The proposal below can solve the short-term problems and achieve the above challenges in the required timescale.

The Transition Steering Group (TSG)

There should be a TSG, which should consist of equal non-exec/member representation from each of the three main stakeholders and be chaired by the leader of the Council, who would in due course be replaced by the chair of the new Care Trust. These would be the voting members.

Clinical, professional and management advisers would sit on the TSG as non-voting members.

The TSG would be responsible for the development of the application for the new health and social care trust and would be jointly accountable to the two NHS Trusts and the IoW Council.

TWO TEAMS

The Care Trust Transition Team, which would lead and develop the work, required for the new Health and Social Care Trust. This would be an officer team which would report to the Transition Steering Group and would require officer involvement from the two Boards and the local authority.

Island Health Economy Recovery Team which would deliver the financial and other targets for both the PCT and the IoW HCT over the next two accounting years.

Each team would be headed up by a CEO. Additional staffing arrangements, such as secondments would need to be agreed for each team. While it would be essential for there to be a strong social services and housing presence in the Transition Team, the Economy Recovery Team will need to work in partnership with Social services where there are joint targets.

The Care Trust Transition Team will be accountable through the TSG to both boards and the IoW Council, for the development of the care trust application.

The Island Health Economy Recovery Team will need to be accountable to both Boards for the delivery of financial balance and NHS targets.

Delegated Authority will be given by both Boards to the designated CEO of the Island Health Economy Recovery Team.

While existing statutory bodies would need to continue, unnecessary duplication of effort in the three statutory bodies could be minimised by integrating many meetings and by co-opting staff between the three organisations. This is a natural step towards the development of a new organisation. An example would be a new Joint Professional Committee developed from existing committees with multi disciplinary representation, which would form the basis of the professional executive within the care trust.

Strong involvement of health and social care professionals will be critical to the development of the new organisation. Priorities for service development and alignment of incentives between the various care sectors will be essential.

On the assumption that a new organisation has to be legally based on the framework that incorporates structures within a PCT, it is envisaged that the Joint Professional Committee (JPC) would assume a similar role and responsibility to the current PCT PEC. Membership of the JPC would be multi-professional providing a balance that enabled all professionals a say in the decision making of the new organisation, accountable to the Board of the new organisation that would represent health and the local authority.

As the range of professional groups will be significant, sub committees of different professional groupings will need to report to the JPC in order to maintain engagement.

Workforce and employment Issues.

Workforce demands are such that there would not need to be competition for all senior management posts as had been envisaged in the Single Joint Management Team approach.

Since the new Health and Social Care Trust would be PCT based and at least during the development stage requires strengths in strategic development it is more appropriate that Transition Team should be led by the CEO of the existing PCT with input and support from all bodies.

The Health Economy Recovery Team would be led by the CEO of the IoWHCT since in the short term, the main challenges to the island health economy revolve around the complex delivery of the targets of the IoWHCT with input and support from the two health bodies.

A more detailed list of the responsibilities of the two teams is being determined by the CEOs, which will then be agreed by both healthcare boards and shared with the IoW Council.

This paper is to be considered by the two Health Trusts and the outcome will be reported to the Executive in due course