Ways of working collaboratively to develop new models of care to enable cross organisational boundary working

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Supporting staff to collaborate is just one of eight areas of focus

These eight key findings provide a guide to those areas of focus where action is required to ensure the NHS develops and delivers the health and social care workforce to meet the needs of patients now, and in the future.

1. Retaining and recruiting the best staff
2. Supporting staff to collaborate across organisational and professional boundaries
3. Supporting workforce versatility to adapt to the multiple needs of patients
4. Developing leaders and managers at all levels
5. Supporting workforce agility to respond to change
6. Strengthening health systems – providers & commissioners
7. Ensuring care is delivered in the right place, with a particular focus on primary health care and community services
8. Delivering improved value, quality and productivity through the workforce
By the end of March 2016, map all known issues which impact on an employees ability to work across organisation boundaries in the context of new organisational models. Review the key questions to develop new models and the workforce implications of each.

By the end of March 2016, develop a series of case studies where recognised barriers to working across organisational boundaries have been overcome for professionals.

Develop a learning portal where good practice can be shared across London to support adoption of new models of care.

Work with the national team looking at current indemnity issues, and how these can be overcome.

Develop a prioritisation of the numerous workforce issues to determine key objectives and establish a Working Group to explore solutions where it makes sense to do so once across London.
Before using this guide, commissioners and providers should ask the following questions:

1. **Level Of Integration**
   - What are your objectives?
   - Does the configuration of organisation(s) need to change or reduce within the local health system? Can you do this alone?

2. **Sustainability**
   - You may still wish to use Buddying/Informal Partnerships OR Formal Contracts

3. **Risks & Accountability**
   - Are there any known risks or issues with the relevant commissioners or providers?
   - Which commissioning functions will remain in the new model?

4. **Commissioning Function**
   - How is the accountability going to work?
   - Review the options models of care (Support pack)

5. **Clarity of Purpose**
   - Agree organisational form and consider implications

**Core Objectives to consider in determined a new model of care:**
- Integrating primary care
- Integrating primary and secondary care
- Integrating health and social care
- Redesigning urgent & emergency services

**Other**
- Expanding services across multiple sites
- Integrating back office functions
- Leveraging technology
- Strengthening out of hospital care
- Strategic estates and primary care development

**Workforce implications to consider**
- Complying with statutory duties
- TUPE
- TUPE
- TUPE
Summary of the core objectives aligned to new models of care

Choose type of integration
- Acute Care Collaboration
- Integrated health and social care
- Integrated primary healthcare

Choose new model of care
- Option 1: Multi-site Trust
- Option 2: Hospital Chain
- Option 3: Urgent and Emergency Care Networks
- Option 4: Accountable or Integrated Care Organisations (ACO/ICO)
- Option 5: Multi-speciality Community Provider
- Option 6: Primary and Acute Care Systems
- Option 7: Enhanced Health in Care Homes
- Option 8: GP Federations
- Option 9: Super-Practices

Decide next the contractual form

Often increasing contract value
Often decreasing population covered
Legal models for delivering new models of care

What are the options:

• Contractual joint ventures:
  – Lead provider model
  – Lead contractor model
  – Alliance contracting model
• Corporate model – new delivery vehicle
• Merger / acquisition
• Combination or some or all of above

A phased approach?
Example of the New Model of Care

Option 2: Hospital Chain

Overview
Hospital Chains are when individual organisations agree with host providers to deliver a series of services on their behalf. These services may be delivered either through a satellite hub, a satellite hub in the local area, or through a satellite hub in a local area. The model aims to enable more efficient operations while maintaining high standards of care.

Model for Hospital Chain

- Organisation
- Expert or specialist provider
- Organisation
- Organisation

Examples:
Moorfields Eye Hospital
Alder Hey Children’s NHS Foundation Trust

Option 2: Hospital Chain

Developing the Outline Business Case

Finances: Does the hospital have the finances to invest as host provider?
Leadership: is there the leadership capacity and capability within your organisation to be able to manage the change?
Strategy: Have you a clear sense of what value the chain will add to the local health economy and population in the different organisations? Will your chain be a contiguous or non-contiguous chain? How will you address issues of geographical separation of the institutions? How will joining a chain quantifiably improve the ability to provide services to your local population?

Benefits:
- Local access to expert specialist provision, ability for host provider to realise economies of scope through focus on core services, association with a specialist brand and income from outreach organisation
- Outreach organisation spreads own brand, income creation opportunities, potential economies of scale and scope supporting long-term sustainability
- May improve quality through the standardisation of clinical practices, protocols and procedures
- Both host and outreach organisations maintain FT sovereignty
- Provides the host organisation with the ability to concentrate on core services

Option 2: Hospital Chain

Case Study 1: Moorfield Eye Hospital

Background: Moorfields Eye Hospital is the largest provider of ophthalmology services in England, providing more than 33,000 episodes of inpatient treatment and more than 470,000 outpatient appointments each year. It operates a networked model of care across 25 locations in and around London. Apart from the hospital in central London, these locations are grouped into four distinct categories in discrete geographical clusters: District Hubs, such as Moorfields Eye Centre at Ealing, co-located with general hospital services. Local Surgical Centres, Community-based Outpatient Clinics, offering predominantly outpatient and diagnostic services; and Partnerships and Networks, where Moorfields offers medical and professional support to eye services managed by other organisations. Approximately 50% of their total activity is delivered away from the central London hospital.

Premises: Partnership working for other service offers. Uses leased premises at host hospital and community locations.

Commissioning vs. subcontracting: Delivers commissioned and subcontracted services – prefers to directly commissioned (e.g., have strategic negotiations and influence) and have a contract with the hospital to lease space while providing Moorfield staff.

Branding: Moorfields has a strong brand that is the key selling point for Moorfields service-level chains. Do not rent out their name as a franchise, but prefer all components (staff and systems) to be under their control – key concerns relate to quality assurance and clinical governance.

Patient assurance: Hub vs. spokes: Some patients prefer to be seen at the hub in central London (City Road) as they associate this with high-quality research and are unaware that other locations may not provide the same quality services. Thus Moorfields may find it challenging to deliver geographically-reaching service-level chains as long distances between the research centre and the Moorfields satellites might lead the satellites to lose some of the brand benefit.

Workforce: Only uses own staff for directly commissioned activity. Moorfields have a clear 10 Year Strategy and have placed great emphasis on developing their workforce to ensure they have the right workforce, skills and capacity to implement their clinical model and strategy. They have also developed a clear leadership and organisational design to ensure they have the right leadership and culture.
What could you consider in developing a new model of care?

1. Organisational Form
2. Functions
3. Commissioning
4. Governance
5. Legal Considerations
6. Clinical Risk
7. Stakeholder Engagement
8. Mission and Values
9. Culture
10. Financial Considerations
11. Strategy
12. Workforce
Workforce implications of new care models

London Workforce Strategic Framework highlights required support the workforce to enable the development of new models of care to deliver a modern flexible workforce that’s integral to the transformation.

This could bring some specific HR, workforce or potential legal issues given the changes to organisational form and given the likely change the workforce will experience.
To support both commissioners and providers a **suite of accelerator support packages** have been developed in order to enable the delivery of future workforce plans. The modules in **pink** have been developed and are available via **the workforce portal**. The modules in **blue** are being scoped.

**Module 1:** Understanding the New Care Models and Workforce Implications

**Module 2:** Developing Your New Care Models – questions for consideration

**Module 3:** Supporting Recruitment and Retention - New and existing workforce roles

- Physician Associates
- Nursing Career Pathways
- Clinical Pharmacists
- Developing skills in non-clinical roles

**Module 4:** Other Barriers To Working Across Organisations and sharing learning

- Develop Working Group on Employer Governance
- Professional Indemnity
Questions and Answers
Get involved.....

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You can also follow us on Twitter at www.twitter.com/#healthyldn

Get involved with the Working Group

Visit the new website and you’ll find all of the support packs https://www.myhealth.london.nhs.uk/healthy-london/workforce