

# Better care together

## A Vision and Strategy for Bolton's New Healthcare Organisation

Bringing Together Hospital and Community-Based Health Services in Bolton



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## Introduction

In 2009, it was decided, nationally, that providing community-based health services should be separated from the other functions of Primary Care Trusts (PCTs). These services include, for instance, health visiting, district nursing, school nursing, and community therapy services (and many others). This was one of the changes planned under an initiative called "Transforming Community Services". It was intended to strengthen front-line community health services, and to allow PCTs to concentrate on their other important role of planning and commissioning care for their populations.

Each PCT looked at the options for how their front-line services should be managed in future. In Bolton, NHS Bolton (Bolton PCT) consulted widely and, at the end of May 2010, they decided that the best option was for those services to join with the Royal Bolton Hospital Foundation Trust, to create one integrated healthcare provider of community and hospital-based services. This joining together of services will not include general practitioner or social care services. It is recognised however that the success of the new organisation will depend on forging good team-working with both of these partners, and with people in the voluntary sector, to get the best for the people who need our services.

When the coalition government came into office, in May 2010, they published proposals for reform of the NHS in their White Paper "Equity and Excellence – Liberating the NHS". Amongst the changes now planned, PCTs will, by April 2013, transfer their commissioning role to consortia of local General Practitioners who will become much more directly involved in deciding on how and where local services will be provided; and they will control the budgets to fund those services both in hospital and community settings. The public health responsibilities of PCTs will transfer to Local Government, and Local Authorities will be taking on a key strategic role in shaping the way services are planned and delivered in each of their areas. The plan for separation of front-line services from PCTs was not altered.

At the same time, these changes are happening against a background of public spending reductions. The NHS is required to find £15-20 billion of cost improvements over the next three years, despite the fact that it has been protected more than some other public services in the budget reductions. We estimate that the new organisation will need to make savings of at least 5% of its budget in each of the next three years.

I hope this document helps to set out the reasons why we believe that a single hospital and community healthcare provider for Bolton makes sense, and how we want to see it rise to the undoubted challenges and opportunities of the next five years.

*Lesley Doherty*  
 Lesley Doherty  
 Chief Executive



## Health and Health Services in Bolton, and why it makes sense for them to join up

- Facts and figures about the health of the Bolton population highlight the challenge for healthcare services locally:
  - > NHS Bolton is the 40th most deprived Primary Care Trust (PCT) area in England (out of 152), with an estimated 40% of residents living in the 20% most deprived areas of England
  - > Bolton was ranked 315 out of 354 in the Child Well Being Index (354 being the 'worst')
  - > The population of Bolton is growing and is expected to increase by about 7% in the next 25 years from 262,000 in 2004 to 282,000 in 2029
  - > Life expectancy has improved, but is lower than the national average for both males (73.2 years in 1995-7 to 75.1 years in 2005-7 compared with 77 years nationally) and females (78.3 years to 79.6 years compared with 81 years nationally)
  - > Within Bolton, there are also significant differences in life expectancy between deprived and affluent areas of the borough. There is a 15 year gap in the life expectancy between the central area of Bolton (with life expectancy of 67.5 years) and the Bradshaw and Harwood area (with life expectancy of 82.5 years).
- These indicators highlight the need for a local system of prevention and care which works in a way designed to tackle the needs of the population, and to provide good care for individuals; delivering best outcomes and patient experience at the most efficient cost.
- The local hospital and community services serve largely the same population. The Hospital does have a significant inflow of patients from other areas, which will increase in the coming years, so it is important that we have strong links with networks of providers across Manchester, but nevertheless, about 80% of all the Trust's work is for Bolton residents.
- The majority of people we serve, we also have in common with Bolton Council and local general practitioner services.
- There is already a good track-record of hospital and community services working together in Bolton.
- We know that patients and their carers can experience poor care when their "journeys" cross organisational boundaries. The various "hand-offs" can be difficult or confusing. We believe that joining up staff from hospital and community services and from different professional backgrounds into teams managed in one organisation will give us a good start to tackle the improvements that are needed. We also know, from other places, that the better organised "end-to-end" pathways of care are, the better the use of resources – avoiding duplications, and multiple "hand-offs", and allowing more specialist input to be concentrated on keeping people well and reducing hospital admissions. This should avoid waste and reduce costs overall, as well as improving care.
- Both organisations have a similar outlook and have strong experience in innovation and improving services.



## How will the Joining up of Services be Achieved?

- NHS Bolton's (the PCT) community services employ more than 1,500 staff and they have an income of £70m. The Hospital Trust employs approximately 3,500 people and has a budget of £197m. It is a major project to bring together the staff and services of both organisations.
- As public organisations, both the PCT and the Foundation Trust need to satisfy external bodies that the plans for merger are sound, and that the transfer of services will deliver the expected benefits in the quality and cost of services. This means that support for plans is required from the North West Strategic Health Authority, the regulator of Foundation Trusts ("Monitor"), the Department of Health and the Co-operation and Competition Panel, who need to consider whether the changes will affect competition or patient choice. (At the time of publication we have approval from the Strategic Health Authority and the Co-operation and Competition Panel and the regulator ("Monitor") is reviewing the proposal)
- Very importantly, we need to ensure that staff in both current organisations have a chance to have their say, to have regular communication about the changes and to understand their own position in the integrated Trust.
- There is a complex programme of work in place to make sure that the transfer takes place safely and without any disruption to services.
- One of the key steps in joining up services is putting new, unified management arrangements and proper risk and assurance management structures in place. The Chief Executive of the Foundation Trust, Lesley Doherty, has set out a two-phase strategy to put in place management structures which will enable the newly combined teams to work together for the benefit of our patients and population.
- Initially (and depending on the timing of the transfer) most community services will be managed within a single division of the new Trust, alongside three other divisions. These divisions will be focussed on groupings of services for Adult Acute Care (urgent and acute care); Planned Care (planned diagnostic and treatment and support services); Family Care (women's and children's services).
- During the first six months the teams in the NHS Bolton Provider Services Division will come together with the most appropriate services in the other three divisions. The NHS Bolton Provider Services Division will then be dissolved, leaving three clinical divisions. There has been an extensive consultation asking staff for their views on what are the most appropriate groupings of services within each division. Non-clinical support staff (such as Human Resources, IT and Finance) from the two organisations will also come together in single teams.
- The exact date for the transfer of services has not yet been confirmed as it depends on some external approval processes. It will be between May and September 2011.
- We are planning to rename the Trust to reflect the extended scope of its services. A consultation exercise has indicated that "Bolton NHS Foundation Trust" is the most popular choice.



## Setting Our Course

Of course, it is important that we achieve a safe transfer with as little disruption as possible; and, after the transfer there will be a lot of effort directed to maintaining stability and the performance of “front-line” services; but it is also essential that we have our eyes set on the future and how we will grow and develop the new organisation to achieve the improvements that we want for our population.

Across the Hospital, in the community services, and with partners, we have been going back to basics on what the vision and strategy should be for the new integrated Trust.

From the outset, Royal Bolton Hospital Foundation Trust has seen the integration of hospital and community services as a unique opportunity to form a new-style organisation, building on the strengths of both partners but with a renewed strategy and development plan designed to address Bolton’s biggest “whole system” challenges:

- Meeting the health needs of our population
- Improving the safety and quality of care
- Improving the patient’s experience
- Making our services more efficient.

Our organisational strategy could not be developed in isolation. We see our future as part of a wider alliance, working in new ways with local authority, primary care and patients to deliver “Better Care Together”.



To this end, we have tried to include a wide range of people in shaping and proposing our Vision and Strategy. This has included, for instance:

- An advisory group of doctors from hospital and community services
- Talking to staff in events (the “Big and Small Conversations”) aimed at listening to staff’s ideas, hopes and fears for the new organisation
- Holding a one-day event for clinical and managerial leaders from both organisations to consider design principles for an integrated care organisation
- A major two-day Vision and Strategy event on 23rd and 24th November 2010, attended by 100 people from many backgrounds, aimed at debating and agreeing the top level aims for the Trust, its priorities and its goals for change in the next five years.

We need a clear set of goals and shared priorities that will be the basis of the way we plan, develop and provide our services in the years ahead. Those five year goals need to reflect the health needs of our local population, the wider changes going on in healthcare, changes in Greater Manchester, national developments in health and social care policy, the views of the local population, patients, carers, partners and our own staff.

We have been talking to all of these groups over recent months and they have shaped the proposal on what should be our high level aims and priorities over the next five years. Our thoughts are set out in the following pages.

**We are looking for your views.  
Have we got it right?**

## Our Vision

By 2016 we will match the best integrated care organisations internationally for the quality and efficiency of our services. We want to be known for the safety, effectiveness and compassion of the care we provide.

## Our Purpose

We see the Trust as:

**A major provider of urgent/unplanned healthcare to Bolton and beyond**

**Why?**

Royal Bolton Hospital is already the busiest emergency-receiving general hospital in Greater Manchester. There is also a range of urgent care services in the community. We are already committed to being provider of 24-hour hospital specialist care for children in the “Making it Better” changes across Manchester. The needs of our population mean that good local access to comprehensive systems of community and hospital-based urgent care is essential. The hospital also expects to be an essential provider of emergency care in the wider networks of services developing across Manchester.

**A specialist provider of Women’s and Children’s services in hospital and community**

**Why?**

We have a growing population of children and young people, and a comparatively high proportion of them live in deprived areas. There is a strong expertise in care of women, children and families in community and hospital services. Bolton is on track to be one of a limited number of sites in Manchester providing round-the-clock children’s services, and consultant-led maternity services, and it will be a major unit for the care of one-third of Manchester’s sickest and most premature babies, from Autumn 2011.

**A local provider of community-based services aimed at preventing ill health and harm**

**Why?**

Indicators of health and ill health in the Bolton population underline the need for local services to tackle prevention as well as providing high quality services for those who have an illness or disability. It is important that patients are cared for in the most appropriate place for them; too many people receive care in hospital who could be cared for closer to, or at home.

**A provider of a range of planned treatment and diagnostic services, across patient pathways**

**Why?**

Local people should expect local access to high quality planned care in community and hospital settings. The Trust will work with GPs to develop appropriate services for Bolton. For some types of care, we recognise that changing technology or staffing requirements (or costs) may mean that this can only be done by working with other providers, sometimes beyond Bolton. We are looking at our current range of services to assess how best each one should move forwards, bearing in mind that it is expected that there will also be more competition in the NHS healthcare market over the coming years.

## Our Aims

- We will strive for excellence – putting the people we care for at the centre of how we plan and deliver our services.

- We have three fundamental aims:

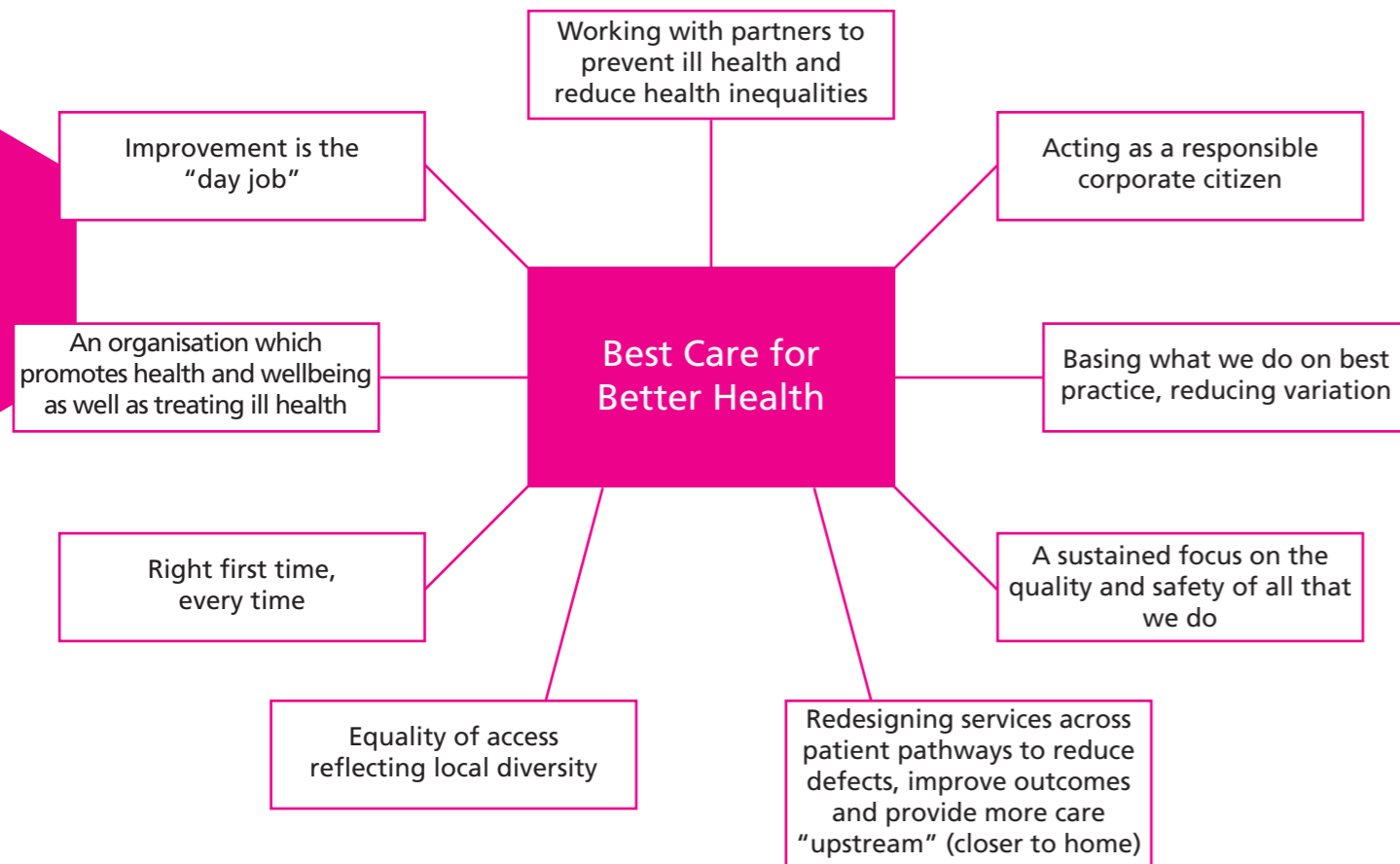
**Best care for better health (for our patients and our community)**

**Staff, patients and the public – valued, respected and proud**

**Responsible use of resources (for the taxpayer)**

We call these our “True North” goals. By that, we mean wanting these aims to drive what we do – our decisions, our plans and choices – a focused direction for the organisation.

## This is what we mean by "Best Care for Better Health"



### Our priorities –

#### The things that will be top of our list:

- Implementing safe and effective systems for urgent care, twenty four hours a day, seven days a week
- Improving pathways of care for people with long term conditions
- Early work to put best practice end-to-end pathways into place for people with respiratory disease
- Continuing to reduce hospital mortality
- Sustaining prompt access to planned diagnostic and treatment services
- Improving the "joined up" care of older people
- Developing as a "centre of excellence" for women's and children's services across community and hospital
- Building practical skills to solve problems across the whole organisation
- Having excellent corporate management and risk management systems
- Having excellent mechanisms for joint working with primary care

### Where do we aim to be in five years?

- At least 80% of staff and patients would recommend the Trust's services to friends and family
- In top 10% in the country on hospital mortality rates
- Reduce unplanned respiratory admissions by 30%
- Reduce alcohol-related hospital admissions by 50%
- The highest level in patient safety rating systems
- Reduce readmissions to hospital by 50%
- No inappropriate hospital admissions among patients care-managed by the Trust
- Compliance with all best practice standards set down by the National Institute for Health and Clinical Excellence (NICE) and the Clinical Negligence Scheme for Trusts (CNST).

## This is what we mean by "Staff, Patients And Public – Valued, Respected And Proud"



### Our priorities –

#### The things that will be top of our list:

- Having good systems of organisation-wide and external communication and engagement in place
- Extending the programme of service improvement, the Bolton Improving Care System (BICS)
- Building new staff representation arrangements
- Embedding new organisational structures
- Strengthening leadership development
- Having consistent workforce policies and processes across the organisation
- Having in place improved real-time patient feedback systems to help staff make day-to-day improvements
- Extending public membership of the Foundation Trust
- Strengthening clinical engagement and leadership across Bolton and with clinicians in primary care

### Where do we aim to be in five years?

- Patient outcome measures in the top 20% nationally
- 100% of eligible staff having high quality appraisal and personal development planning
- A single comprehensive electronic patient record in place
- Leadership and management regularly assessed and continually improved across the Trust
- The new Trust is first choice for at least 80% of hospital and community healthcare work for the population of Bolton
- Staff turnover is not more than 5% per year
- 80% of the workforce participate in work to improve the way we deliver care
- 80% of leaders at \*BICS Bronze level and above, and 20% at Silver and above
- Public membership of the Trust is at 10,000 or more

(\* Bolton Improving Care System - BICS - Academy certification)

## Values

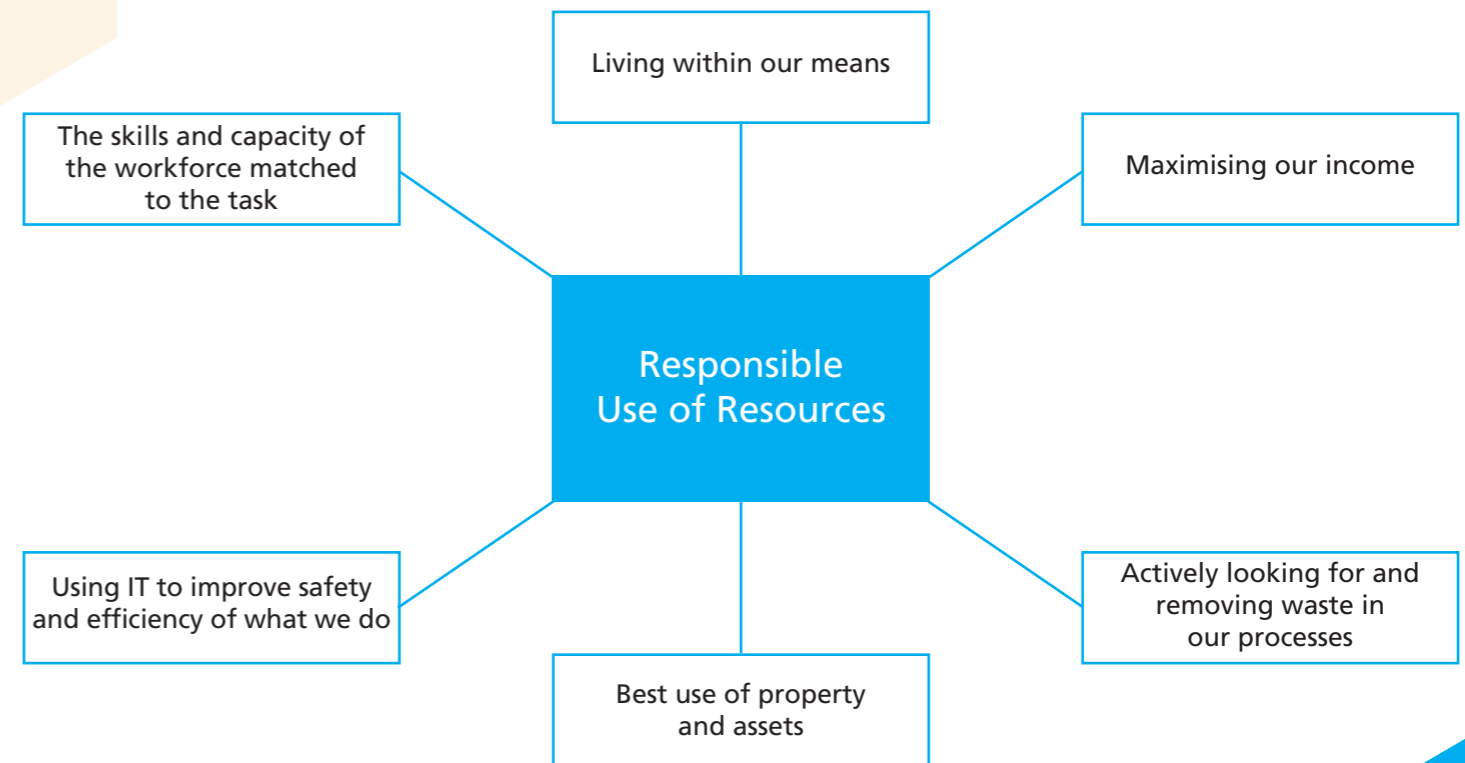
- Patients at the heart of all I do
- Staff at the heart of improving what I do
- Working together to provide the very best care

Over recent months staff of both current organisations have debated how we should describe the Trust's values – values for the organisation and for everyone who works in it. They reflected on what matters most to them, both as employees and as advocates for the people who need our services.

The values outlined above are based on these conversations between staff. We would welcome the views of our wider workforce, as well as patients and others on these statements. It is important that they are clear – they should be the “tests” of how we live up to our commitments.

(There is a discussion document available which explains in more detail staff views on the Trust's values, and how they will shape the way we work – This may be found on the Trust's website [www.boltonhospitals.nhs.uk](http://www.boltonhospitals.nhs.uk) and, for staff, on the Better Care Together intranet pages)

## This is what we mean by “Responsible Use of Resources”



### Our priorities –

#### The things that will be top of our list:

- Reducing running costs through more efficient organisational structures
- Creating a single integrated electronic record
- Having a fully integrated estates plan to achieve best use of space
- Taking the efficiency benefits of having integrated, “whole pathway”, teams
- Putting robust systems in place for working with partner and stakeholder organisations to achieve maximum benefit on the use of resources

### Where do we aim to be in five years?

- Our financial health in a high category of risk rating as assessed by the regulator of foundation trusts (Monitor) - The target rating is 4 (on a score of 1 - 5)
- At least a 2% surplus generated to provide opportunities for investment and to achieve financial stability
- In the top 10% nationally on utilisation of assets
- 20% decrease in the size of the healthcare estate in order to redirect investment. Where possible, to front-line services rather than to unnecessary overheads.
- Achieve a minimum 5% efficiency improvement every year
- In the top 25% of healthcare providers on “best value” comparisons both for our patient services and for our support services
- Sickness absence reduced to 2.5% across the Trust
- An average bed occupancy in hospital of 85%, allowing us to manage the flow of patients safely and efficiently

## We Need Your Views

Please let us have your views on the vision we have set out. Some consultation questions are listed below.

This document is also available on the website of the Trust [www.royalboltonhospital.nhs.uk](http://www.royalboltonhospital.nhs.uk)

The closing date for comments is 17th June 2011. The Board of the Trust will consider comments received before finalising its strategy.

If you represent a group and you think it would be helpful to have someone from the Trust to come to one of your meetings to talk about our plans, we would be pleased to do so. Just contact Ann Schenk – details below.

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and summaries or explanations in other languages. Please call or 01204 390517 or 01204 390390 ext. 4017 if we can help.

Further details will be published on our website of open sessions which staff and public can attend to discuss this draft vision and strategy.

Further copies of this document may also be obtained from the address below.

**Ann Schenk**  
**Director of Service Development**  
Royal Bolton Hospital NHS Foundation trust  
Minerva Road  
Bolton  
BL4 0JR  
Email: [ann.schenk@rbh.nhs.uk](mailto:ann.schenk@rbh.nhs.uk)



## A Vision and Strategy for the New Healthcare Provider Trust for Bolton

### Your Views

1. What benefits do you want to see from joining together hospital and community health services in Bolton?

2. What disadvantages may there be for patients, which we haven't recognised?

3. Do you think that we have identified the right aims and priorities for the Trust? Are there other issues you think we should have included? If so, what are they?

4. Please let us have any other comments on our proposals.

Empty rectangular box for comments.

5. Please indicate in what capacity(ies) you are responding?

- Current patient
- Former patient
- Member of the public
- Member of Trust staff
- Voluntary sector member
- GP
- Other referrer
- PCT staff
- On behalf of another NHS organisation
- Employee of another NHS organisation
- Local Authority body
- Local Authority member of staff
- Other

Thank you for taking the trouble to respond. You do not need to provide your name and address but please do so if you would like further information on the development of the Trust's strategy or the integration of services.

Name: .....

Organisation: .....  
(if appropriate)

Address: .....

Email address: .....

Please return your response to: **Anneka Patel**  
 "Better Care Together" Office  
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