Whittington Health NHS

# WHITTINGTON HEALTH STRATEGY

## 2011- 2016

December 2011

UCLPartners
Academic Health Science Partnership

.... caring for you

# Foreword

We are delighted by the unique opportunity Whittington Health has to provide comprehensive health care to our local population.

We want our patients, service-users, carers and families to receive excellent, non-repetitive care that is delivered in the right place at the right time by the right person. Over the next five years our vision is to be an outstanding provider of joined up healthcare to local people in partnership with GPs, Councils and local providers; and to educate the next generation of clinicians.

We are committed to improving the services we provide and the way that we provide them. Whittington Health will further develop our locally based teams. We will organise care to ensure our approach with individuals is proactive and consistent, working in partnership across primary care, community, mental health, social care and acute care. This will ensure a population based approach and reinforces our commitment to work with other providers across the system for the benefit of and with patients, service users and their carers.

We will only succeed in our approach if we focus on our priorities, if we work in partnership with GPs, both as providers and commissioners, and if we use the abundance of talent and experience in our staff and in our patients.

| Mr Joe Liddane | Dr Yi Mien Koh |
|---|---|
| SIGNATURE | SIGNATURE |
| Chairman | Chief Executive |

# Executive Summary

The changing needs and preferences of our local population demand a different way of organising and delivering care. The joining of community services and acute care within one organisation provides a unique opportunity for Whittington Health to deliver integrated care that is centred on delivering the outcomes that matter to patients and service users.

We have an excellent reputation based on some outstanding achievements for clinical care, patient experience, and education. For example, the Whittington hospital is one of the safest in the country according to national measures, and we have award willing Intermediate Care services, demonstrating our commitment to excellent clinical care. However, we believe we can do more and further improve.

**Our Five Year Vision**

Over the next five years our vision for Whittington Health is:

*"To be an outstanding provider of joined up healthcare to local people in partnership with GPs, Councils and local providers"*

**Our Strategic Goals**

To achieve this ambition by 2016 we have five goals:

1. **Integrate Models of Care,** redesigning services around individuals' needs and preferences. To achieve this we will partner with GPs, councils and local providers to ensure that the most appropriate care is provided in the right place at the right time.
2. **Ensure "No decision about me without me",** working in partnership with our patients and service users to ensure they lead and own decisions about their care. We will support patients, service users and their carers, in managing to stay healthy and live independent lives as active members of society.
3. **Deliver Efficient and Effective services** to ensure we can deliver services that improve outcomes that matter to patients and service users whilst providing value for every pound spent.
4. **Improve the health of local people** through partnership with patients and service users to improve life expectancy, reduce premature mortality, and contribute to reducing the inequalities in health in our community. Treating all interactions as a health promotion opportunity, identifying people at risk and intervening at an early stage are all central to achieving this.
5. **Change the way we work** to build a culture of innovation and continuous improvement, working flexibly and in new ways to achieve efficiency and effectiveness, and to ensure quality and caring are at the heart of all that we do. We will work with universities to develop new roles, continued education and training programmes to deliver care that focuses on our population.

Successful delivery of our strategic goals will be achieved through both trust wide initiatives and the work of the three operational divisions – Integrated Care and Acute Medicine, Surgery, Diagnostics and Cancer, and Women, Children and Families. This will ensure we achieve whole system change in parallel with demonstrating tangible benefits for specific patients, service users and population groups.

**Enablers**

Supporting the delivery of our initiatives, our strategic goals and our vision will require us to ensure that several enablers are in place in the short, medium and long term.

These are the focus of operational work and are reflected in our operational and organisational development plans. They include Process enablers, Technology and Information enablers and Organisation enablers for Integrated Care.

**Our Measures of Success**

Our priority is to ensure that tangible benefits are experienced by the population we serve. We envisage that when we deliver our vision and strategy we will also create significant and positive outcomes for each of our major stakeholders: staff, students and trainees, GPs, the NHS, Commissioners and Social Care.

For Whittington Health patients and service users it means excellent care, co-ordination and communication across services and an experience that they would recommend to others. It means being cared for by one team.

For local residents success means access to services when you need them; 24 hours a day; 7 days a week; and, support in maintaining a healthy lifestyle.

## Introduction

Whittington Health is a new organisation that is ambitious and innovative. Our local community is integral to who we are and how we operate as an organisation that promotes health and well-being and delivers health care. We will build on the openness and transparency we have with GPs, community and council partners. We will increasingly over the next five years strive to have GPs and our local community at the very heart of our organisation.

This strategy describes what we hope to achieve as an integrated care organisation. We recognise that one of the keys to our success is working in partnership with patients and service users; our staff; our community; our GPs; councils and local providers.

The next five years will be challenging. We believe our strategy will ensure that the best care is delivered for the best value, meeting needs and preferences of local people.

## Context

**Whittington Health:**

- Has evolved from the joining of Islington and Haringey community services including social care in Islington, and The Whittington Hospital.
- Delivers acute and community services for adults and children, primarily to the residents of Islington and Haringey and also to other London boroughs, including Barnet, Enfield and Camden.
- Serves a catchment population of circa 440,000 people; with a turnover of circa £277m and over 4000 staff. It operates the 269 bed Whittington Hospital and 16 health centres across the two boroughs.
- Receives 86% of referrals for acute services from Haringey & Islington GPs
- Has a highly regarded educational role, teaching 200 undergraduate medical students, nurses and therapists each year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.
- Has a strong track record of working with our local community and local primary care services with a culture of openness and transparency.

**Whittington Health Performance**

Whittington Health is a strong performer on both acute and community performance indicators. Historically the Whittington has the best summary hospital–level mortality indicators (SHMI) in the country. We consistently demonstrate good performance in achieving hospital targets. Community services in Islington and Haringey have key strengths and award winning services such as the intermediate care team in Islington; and have performed well against community targets.

## Our Local Population

- The wider area of London that we serve and the Islington and Haringey communities are diverse in both socio-economic status and ethnicity. Public health profiles for Islington and Haringey when benchmarked nationally show that both areas are challenged by income deprivation, drug misuse, violent crime and child poverty.

- Population growth is set at 9.4% over the next ten years (Islington 11.2% and Haringey 7.1% against national norms).

- Disease prevalence and health inequalities within Islington and Haringey are above the national average. Our community suffers from obesity, alcohol and smoking related diseases in common with our population profile.

## Health Care Providers in our Health Economy

We work in partnership with other providers and organisations across our health economy. In particular:

- University College London Hospitals NHS Foundation Trust (UCLH) and The Royal Free Hampstead NHS Trust, and The North Middlesex University Hospital Trust are neighbouring acute trusts. We work with them to ensure seamless access to tertiary services for our patients, and to support community provision to patients that have acute care from UCLH and the North Middlesex.

- Our Community providers in North Central London include: Central London Community Healthcare NHS Trust in Barnet; Central and North West London Foundation Trust; Camden and Barnet Enfield and Haringey Mental Health Trust . We work with them to share innovations in how community care is delivered.

- Our GP Provider Consortia include WISH in West Haringey and North Islington; Haverstock Health which includes the majority of Camden practices; SIGPAL in South Islington; and, Barndoc across Barnet and Enfield. We work with them as required for the provision of primary care services. For example WISH provide support to our Urgent Care Centre.

- GP Clinical Commissioning Groups: are currently Borough based in North central London. We will work with each of these, in particular Haringey and Islington, to ensure that the services we deliver are consistent with the need and ambition they have for the population

- Haringey and Islington are our local boroughs. We partner with them to support health promotion, to deliver social care, and through jointly led health and well being agendas for the local population.

## Vision

**Our Five year vision is for Whittington Health:**

*"To be an outstanding provider of joined up healthcare to local people in partnership with GPs, Councils and local providers"*

**What will this mean for people that we care for?**

Changing how patients and service users experience care will be the ultimate demonstration of success. Examples of how our vision and services will support our local people are below:

***Frank and Molly*** *are an elderly couple who live with Dementia. Their daughter Mary, who lives 2 miles away, is their main carer.*

***What will Whittington Health mean for Frank and Molly, and for Mary?***

- Direct access to a 24/7 number for their local team who they know, and who has access to their record and care plan. They call the team whenever they are worried or want more support.

- The team brings together social care, health care and mental health support around Frank and Molly's needs. It helps to ensure all carers are aligned on the latest care plans for them both and ensures the right support is received from the teams according to their needs and preferences

- This team is geographically based, operating from the local community centre in partnership with Frank and Molly's GP. This reduces the need to go to the hospital and maximises the care and support they receive at home and in their local neighbourhood.

- They seldom need to go to A&E because the team gives them direct access to services as necessary

- When either Frank or Molly need hospital admission the team ensures the hospital knows their individual routines and preferences and helps to get them back home as soon as possible

- The team also helps them to avoid unnecessary admissions. When Frank was on IV antibiotics for a urinary tract infection, these were administered by the nurse-led home care team that visited Frank twice a day for the seven days of his treatment – before this would have been a hospital admission

- The team gives Mary confidence and access to support when she needs it too, helping her to care for her parents but critically providing respite and support to Molly so she can maintain a sustainable lifestyle

***Ahmed*** *is a three month old boy who has developed severe eczema*

***What will Whittington Health mean for Ahmed and his family?***

- After investigation Ahmed's GP decides that Ahmed is best cared for using the new allergy guidelines developed with Whittington Health.
- Ahmed's GP books him for an assessment at the Whittington Health Community Children's Health Clinic before school starts so his mum can take him
- The clinic brings together all the people needed from the hospital and the community to allow the best care for Ahmed and support for his family.
- This local team helps avoid attendances at the Emergency Department. The team gives them direct access to services as necessary and Ahmed doesn't need to repeat his details and assessments every time he sees a different member of the team.
- All the necessary tests can be done at the local clinic. His results are also available to all of the people involved in his care.
- Ahmed and his family feel that they are supported by their GP and hospital when necessary and at their convenience.

***Mr Basal*** *is a 70 year old man with several long term health needs including heart failure. He feels breathless and so he calls for an ambulance. He lives alone in Bounds Green.*

***What will Whittington Health mean for Mr Patel?***

- The emergency department team have access to Mr Basal's clinical details making them aware of his medical history and making it easier to decide on the best form of on-going care.
- The emergency department are able to respond to Mr Basal's immediate needs and to reassure him.
- Mr Basal does not need to stay in hospital but requires a change to the support he needs in managing his condition at home.
- Mr Basal's GP is involved in his care as part of the practice based multidisciplinary team and the whole team are able to see his care plan by looking at Whittington Health's shared electronic patient record.
- Mr Basal feels as though the care is co-ordinated around him with clear and easy communication between his caregivers. This gives him assurance and confidence to carry on living independently as he has done for many years

## Strategy

Whittington Health is committed to achieving five key strategic goals over the next five years. These goals will together result in a change in culture and quality across our services and ultimately deliver our vision working in partnership with GPs, patients, service users, Councils and other providers to be an innovative integrated care organisation, integral to the local community whom we serve.

### Strategic Goals

Our goals are to:-

### 1. Integrate Models of Care

Our focus is to provide care in the right place at the right time to ensure patients and service users get access to the best care when they need it, in a coordinated and non-duplicative way. By concentrating on the needs and preferences of patients and service users, we intend to ensure the hospital provides services that only the hospital can provide. In turn we will transfer a significant part of the demand for hospital services to more appropriate community and primary care settings (including patients' own homes). Integrating models of care will require us to work differently across providers. We will:

- **Create Population based**, **geographic multidisciplinary teams** with representatives from across settings as required (primary care, community, mental health, social care and acute). These will centre on the needs of individuals rather than be disease focused.
- **Deliver consistent intermediate care** services that provide both step-up and step-down care for individuals so that there are more options available for support. This will be achieved through a more pro-active approach to managing care – preventing admission where possible, and accelerating discharge back home whenever possible.
- **Provide 24/7 access to services** in the appropriate setting, delivering 7day healthcare provision. We will transform our services to function with senior clinical leadership seven days a week to ensure the greatest access and support to our population.

### 2. Ensure "No decision about me without me"

Many patients, service users and carers want more information and involvement in decisions about treatment, care or support than they currently experience. In addition, we know that active involvement in care improves outcomes for individuals. We will work to embed shared decision-making into systems, processes and workforce attitudes, skills and behaviours. Building on the "co-creating health" programme this will support self-management within mainstream health services across the organisation, and equip patients, carers, service users and clinicians to work in partnership in order to achieve better outcomes. We will:

- **Promote Patient Partnership** for shared decision making and support for all patients, service users and their carers, to help them to manage their health and determine what care they access and how
- **Improve Patient and Service User Experience** ensuring that every patient and service

user has an excellent experience, understanding components that matter most to them and acting to improve them

- **Empower Patients and Service Users** supporting self-management, particularly for patients and service users with long term conditions

### 3. Deliver Efficient and Effective services

We are dedicated to organising care in ways that deliver positive results for patients and service users. We will reduce waste and make certain of a financially sustainable position for our organisation as a significant part of our health economy, driving through more efficient use of resources. We will ensure that our administrative office functions and deliver in the most efficient way possible to enable us to focus our investment and support on front line care for patients and service users. This will help us to fulfil our ambition to be a Foundation Trust as soon as possible. We will:

- **Ensure high value care for patients and service users,** delivering services that improve outcomes that matter to patients and service users whilst providing value for every pound spent
- **Achieve Top Decile Performance** in clinical quality, patient safety, patient experience, service efficiency and financial position for every specialty and service that we provide. Through routinely benchmarking we will continue to challenge our performance and ensure continuous improvement
- **Deliver Lean approaches to delivering services**, in the community and in hospital

### 4. Improve the health of local people

We are committed to support a reduction in health inequalities that exist in our local population, improving life expectancy and reducing premature mortality. We will work with our GPs to help us deliver these commitments and to support appropriate demand management for our population. We will ensure that health promotion and proactive prevention of ill health is embedded as part of each role that our staff perform in caring for our population. We are committed to supporting delivery of healthy lifestyle plans in order to reduce smoking; encourage healthy eating and physical activity; and, to promote better mental health. We will:

- **Promote health** using each interaction with individuals as an opportunity for a health promotion intervention.
- **Understand the population, our patients and service users better**, using risk profiling intervene as appropriate to support prevention, proactive management of care, and evaluate our performance

### 5. Change the way we work

In order to help us achieve our vision we will be innovative and do things differently to achieve large gains in performance. We recognise that these innovations will come from the staff working within our organisation. We will ensure that leaders support and create a learning culture in their departments and across the health system in order to channel the energy of all staff into innovating whilst maintaining a focus on quality and caring. Our education and development programmes will support this. We will:

- **Encourage staff to lead change**, empowering them to think differently about what and how we deliver services
- **Create a culture of quality and caring** to ensure that best practice is upheld, caring is at the heart of our services and that internal processes are shaped around the needs of patients and service users
- **Change roles, education and training,** multi-skilling our workforce to ensure we can get maximum benefit from each patient interaction and think more creatively about the roles we deploy, pioneer new models to ensure reinforce the behaviours we want to see and support care delivery across settings

**Divisional Initiatives**

Whittington Health has been organised into three integrated divisions to help people to work as one team across hospital, community services and social care. Each Division is led by a Divisional Medical Director for clinical leadership and a Director of Operations for effective management who report to the Chief Operating Officer.

**Integrated Care and Acute Medicine** cover a wide range of hospital community and social care services for patients and service users with long term conditions, disabilities and conditions that are related to the aging process. These services are delivered at home, in the community and in the hospital setting, covering prevention, treatment, urgent and emergency care.

**Surgery, Diagnostics & Cancer Services** provide diagnostic and surgical care that meets the needs of our local population for all the common conditions that includes cancer care, Bariatric surgery and urgent surgical care where close links with general practice add value to the quality of patient care. This division provides innovative care that enhances patients' recovery and enables quick access to a more appropriate home environment with close links to community services such as rehabilitation. Community Dentistry is also a key service in this division.

**Women, Children and Families** provide our community with a leading edge maternity service with a midwifery led birthing centre, home births and medicalised births where appropriate with the support of a dedicated team of midwives and doctors that provide an excellent experience for women that enables them to choose the most appropriate place for their care. This division also provides multidisciplinary services across health and social care for children with disabilities and universal children services such as health visiting and school nursing.

Divisional initiatives will follow the strategy described in this document. They will be designed to help the organisation fulfil its strategic goals and vision. Initiatives will build upon existing work and focus on detailed aspects of strategy with the aim of achieving best performance for specific patients, service users and population groups.

**Demonstrating Delivery**

We will develop a core set of indicators to track the delivery of our strategic goals with our public health and primary care partners, other stakeholders and external benchmarkers. We will monitor our progress and demonstrate our delivery of our strategy. These indicators will be embedded in our reporting at all levels of the organisation from the individual services and divisions right up to board level. Appendix 1 includes performance indicators that we collect and report currently.

## Enablers

Delivery of our vision will require several enablers to be in place. These are the focus of operational work and are reflected in our operational and organisational development plans.

**Process Enablers**

- **Foundation Trust:** To help deliver this strategy, we will fulfil our ambition to become a Foundation Trust as soon as possible seeking views from patients, members and Governors.
- **Continuous Service Improvements:** We will promote clinical audit and participation in research and trials to support continuous improvement as a lean learning organisation.
- **Workforce Strategy:** Our strategy for organisational development will enable our vision to be realised through engaging the 'hearts and minds' of our staff; designing the appropriate shape of the workforce; and developing clinical, management and leadership skills. The clinical strategy will inform the most appropriate shape for our workforce, promoting a de-layering of management levels and responsibility. We will develop a workforce that is able to understand and promote integrated care to patients, service users, carers, with our partners. Our staff will have the skills, knowledge and expertise to make decisions and problem-solve at all times, and deliver care in the most appropriate way for our population.
- **Education and Training:** We will grow our profile as a leading campus for the education and training of medical and clinical staff. We will work with education providers to adapt training methodology and content to reflect the breadth of Whittington Health's services, and to ensure we are educating clinicians with skills to work in tomorrow's world.
- **Estates:** We will ensure the premises from which we deliver care are fit for purpose, and remodel them as required to assist the achievement of this strategy reflecting local population needs.

**Technological and Information Enablers**

- **Information and Technology:** We will revolutionise the flow of information across GPs, hospital, social and community services, ensuring high quality, efficient care and information-sharing across all providers. We will be at the leading edge in the use of technology to support patient care including remote access and assessment for example with tele-medicine. We will use effective management measurement to provide efficient services
- **The Electronic Patient Record:** There will be easy access to up-to-date patient records and opportunities for accurate risk profiling and predictive modelling to support proactive and consistent care whilst ensuring that patient confidentiality is respected at all times. The information box below provides a more detailed description.

**The Electronic Patient Record (EPR)**

- We want to ensure the patient is at the centre of all of our services. This includes ensuring that consistent patient information is available in all setting s where care is being delivered.
- We will invest in information infrastructure to enable the partnership process to function in real-time across our organisation with GPs and other partners.
- We will invest in an EPR solution that will:
    - Provide a single integrated patient record across the whole patient pathway
    - Integrate with health and social service partners outside our organisation
    - Improve patient safety, outcomes and experience
    - Enable more efficient and effective workflows
- This will support the transformation of healthcare delivery across Whittington Health and our partners, and ensure at all times that the patient is the centre.

**Organisation Enablers for Integrating Care**

- **Partnership working:** Effective relationships, partnership and communication across professional groups and organisations will be critical to our success. Partnership working with local GPs and Islington and Haringey social care is key to being able to deliver our strategy. We are committed to working closely with colleagues at UCLH, North Middlesex Hospitals, and Royal Free Hospital; at Barnet, Enfield Haringey, and Camden and Islington Mental Health Trusts; with the London Ambulance Service; and with UCLPartners; and, the Academic Health Science System.
- **Working as part of our local community, our community becoming a part of us:** We will work with local people, patients, service users, and carers to deliver different models of care that improve health and support people. As we evolve as an organisation we want our local community to become more integral to our organisation. General Practitioners and others will be true partners in our joint practice of shared care.
- **Commissioning arrangements:** We will work closely with commissioning consortia to agree financial systems that will ensure our reimbursement mechanism is consistent with the model of care we are committed to delivering.

**Working In Partnership with GPs and Social Care**

- Key to our success as Whittington Health is the continuity and effectiveness of our partnership with GPs and Social Care.
- We will build upon our good relationship with our GPs and Social Care to create a cultural of true joint partnership in the provision of patient care.
- We will work for patients, service users, carers and their families to provide multidisciplinary teams that are built around GP practices and service users, and build our community presence around these groupings.
- Our mission is to promote health and well-being and to provide the best healthcare to our community supporting self-care, in partnership with GPs and Social Care and educating the next generation of clinicians.
- We will revolutionise the flow of information ensuring:
    - Clear and timely access to information about patients, including discharge information, care plans, details of community contacts and clear advice on next steps in the patients and service users care
    - New methods of communication with email, telephone access to Whittington Health colleagues to support remote advice and input into patient care
    - Real-time exchange of information through the setting up of an EPR and through changing the communication channels
    - Clear information about the relationships, contact details and routes for accessing services and people that relate to that particular practice's requirements
- For our GPs it will mean access to the most appropriate service; open and easy communication with clinicians; and the best value local services.
- For Social Care it will mean joint planning of care with no duplication or delays
- Our "Integrated Care Business Strategy 2011" describes the relationship with GPs in detail [link to document: **http://tinyurl.com/cnypr9f** ]

## Our Future Organisation

The Whittington site will be transformed to reflect the shift of focus from the hospital to being a healthcare provider which focuses on its population. We will maintain access to care 24 hours a day and 7 days a week. A step change in efficiency will be achieved by continuing to adjust the way we work. We are committed to ensuring that we take a whole pathway approach to care – from prevention and primary care through to acute and rehabilitation. To achieve this, our portfolio of community services will play a fundamental role, and strong integration with social care will be essential.

### Our Measures of Success

We envisage that when we deliver our vision and strategy that will create the following outcomes for each of our major stakeholders:

- **For local residents** success means access to services when you need them; 24 hours a day; 7 days a week; and, support in maintaining a healthy lifestyle.
- **For Whittington Health patients and service users** it means excellent care, co-ordination and communication across services and an experience that they would recommend to others. It means being cared for by one team.
- **For Whittington Health staff** it means continually improving and innovating and taking pride in our work. Staff will receive support, training and development to help them achieve their best and deliver innovative and excellent local healthcare.
- **For students and trainees** it means high quality delivery of education and training by committed trainers in an environment that supports the education of tomorrow's healthcare providers.
- **For local GPs** it means listening and responding to your needs; providing easy access to the most appropriate service; open and easy communication; and, partnership in providing best value local services and helping your patients to live as well and as independently as possible. It means offering a place for learning together with secondary and community colleagues.
- **For Social Care** it means working in an integrated manner, avoiding duplication in services and therefore achieving cost effectiveness by promoting independent living and active participation in the local community.
- **For Commissioners** it means a sustainable, effective organisation for the delivery of heath care that meets the national strategy of the National Health Service locally
- **For the NHS** and Local Authorities it means a pioneering model of local provision that is focused on the needs and preferences of the population and patients, and provides high quality services and value for money.

## Contact Details

Whittington Health
Magdala Avenue
London
N19 5NF

☎

Telephone and fax

Telephone: 020 7272 3070

Fax: 020 7288 5550

@

Email communications.whitthealth@nhs.net