

## Momentum: Pathways to Healthcare Update - October 2010

### 1. Purpose of Report

The purpose of this report is to provide an update on the progress of the Momentum: Pathways to Healthcare programme focussing in particular on the Service Transformation element of the programme set in the context of the two capital projects developing community facilities and the new hospital respectively.

### 2. Background

The Momentum: Pathways to Healthcare Programme was established in April 2007 and will lead to the transformation of the local healthcare system, including the redesign of healthcare across primary, community and secondary care; the development of new community facilities and the building of a new hospital.

The programme is a partnership of local stakeholders, specifically North Tees and Hartlepool NHS Foundation Trust, Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust; closely aligned with County Durham Primary Care Trust and the North East Strategic Health Authority.

The programme is made up of three projects:

- **Service Transformation** – which covers all the service models and care pathways which will be remodelled and redesigned throughout the duration of the Programme.
- **Primary and Community Care Capital Planning Project** – which covers the design, procurement, build and commissioning of new community based facilities from which to provide existing community services as well as those being relocated from hospital settings.
- **Hospital Capital Planning Project** – which covers the design, procurement, build and commissioning of a new hospital to replace the existing two hospitals, University Hospital of Hartlepool and University Hospital of North Tees.



The Momentum: Pathways to Healthcare Programme orchestrates the interdependencies between the three projects and ensures alignment of the emerging service models and development of facilities.

A significant development was the award of Public Dividend Capital on the 18 March 2010 under the new hospital element, however, this decision has now been overturned by the new coalition government as part of its review of financial commitments. The Trust is working with the Strategic Health Authority, Department of Health and other local stakeholders to work through the implications of this decision and to identify alternative ways of funding the new hospital element of the programme. In the meantime, service transformation and the development of care closer to home continue to be progressed as planned.

### **3. Progress Report**

The following outlines progress to date for the three projects that make up the Momentum: Pathways to Healthcare Programme.

#### **3.1 Service Transformation**

The vision, strategy and direction for the new healthcare system for the people of Easington, Hartlepool, Sedgfield and Stockton remains the same. We will develop:

*“A patient centred and clinically driven local NHS responsive to the needs of local people, delivering the best quality care available in an integrated and efficient way, in first rate facilities as close to home as possible by well trained professionals using state of the art knowledge and equipment”.*

The recent publication of the white paper ‘Equity and Excellence: Liberating the NHS’ has proposed significant changes to the ways health services are to be commissioned. Alongside proposals to give General Practitioners responsibility for spending the NHS budget, the white paper has also proposed the abolition of Primary Care Trusts and Strategic Health Authorities by 2012/2013 and this will have an impact on the Programme. The Programme will identify how it can continue to work with the existing stakeholders during the transition, but also develop robust relationships and engage with the new commissioning arrangements/bodies as they emerge.

The need to continue to drive service transformation remains essential if we are to achieve our vision. Do nothing is not an option, change across the whole system must be delivered if safe effective and efficient services are to be delivered. The range and scope of the business service change projects to deliver this aim will be refocused to reflect the new environment.

The programme will also work with current stakeholders to evaluate the future of current and planned community facilities. In light of the proposed new arrangements outlined above, it is clearly essential that any new facilities are aligned to emerging commissioning intentions and accountabilities. It is, however, anticipated that the services and facilities to be provided at the One Life Hartlepool will continue to be taken forward.

#### **3.2 Primary and Community Care Capital Planning Project (Project Director: Alison Wilson, NHS Stockton and NHS Hartlepool)**

A Strategic Outline Case (SOC) for the design and build of community facilities in Stockton, Hartlepool, Yarm and Billingham has been produced by the Primary Care Trust and work continues to progress community developments. The SOC details a range of assumptions about the development of community facilities including services that promote health and

well-being, an extended range of service providers, diagnostics closer to home and wider use of tele-health and telemedicine.



**Image: Hartlepool Integrated Care Centre**

The development in Hartlepool, named One Life Hartlepool, became operational in May 2010 and provides access to General Practitioners and Community Health Services. In Stockton, land purchase has been agreed with the Local Authority and the legal requirements are close to completion. In Billingham, the development of an Integrated Health & Social Care scheme is a joint venture between the PCT and Stockton Borough Council who have been allocated in principle funding of £35M in PFI credits. The business case for re-developing the Yarm Medical Centre has also been approved in principle.

### **3.3 Hospital Capital Planning Project**

The announcement by the Government to withdraw public funding has meant a revisit of the scheme financing and affordability. Indications from Ministers and the Department of Health are that the scheme can be reconsidered as a privately funded development subject to Monitor approval and as such work has now commenced to assess the affordability of a privately funded development. This review has included a reassessment of the capacity plan and size of the new hospital to ensure it is both right-sized and the best value possible. The delay in programme terms is still being assessed and the requirement to have a revised Outline Business case approved will mean a delay to the previously reported timescales.

The New Hospital Project Team are now assessing the viability of delivering a new hospital build solution and approved Outline Business Case by 2011. It is clearly necessary to ensure alignment of the options and timescales with the broader programme timescales and the ability of existing estate to realise the required benefits of service transformation.

## **4. Conclusion and Next Steps**

Whilst the decision to withdraw Public Dividend Capital from the programme has been a disappointment, Momentum: Pathways to Healthcare will continue.

The major next steps for the programme are:

- Continue to progress the Service Transformation; Hospital Capital Planning and Primary and Community Capital Planning Projects.

- Maintain alignment and integration across the three major projects that make up the programme.
- Manage risks and issues as they are identified.
- Continue engagement and communication with all stakeholders.
- Identify and realise new healthcare pathway efficiencies as soon as they become possible.
- Assess and manage the implications of service changes for the workforce and current staff.

**Carole Langrick**  
**Deputy Chief Executive /**  
**Director of Strategic Development**  
**October 2010**