

East Sussex Health Overview and Scrutiny Committee

FINAL REPORT



All Saints Hospital, Eastbourne Development of Replacement Services

**East Sussex Health Overview and Scrutiny
Committee Monitoring Board**

**Final report in response
to the proposals and progress of
East Sussex Hospitals NHS Trust
and Eastbourne Downs PCT
Re-provisioning Plan**

15 June 2004

Monitoring Report on the Re-Provisioning Plans for All Saints Hospital, Eastbourne

1. Introduction

1.1 This is the report of the Monitoring Board of the East Sussex Health Overview and Scrutiny Committee. (HOSC) www.eastsussexhealth.org.uk It is the second report of the HOSC on the matter of the closure of All Saints Hospital. The first, in March 2004, addressed the actions of the East Sussex Hospitals NHS Trust and the Eastbourne Downs PCT in closing the hospital. That report established a Monitoring Board of HOSC members with a remit to monitor the subsequent re-provisioning plans.

1.2 The task of the Monitoring Board (the Board) has been to assess the extent to which:

- all actions planned, with regard to the provision of alternative services to All Saints Hospital, Eastbourne, are being implemented and delivered by the three agencies – East Sussex Hospitals NHS Trust, Eastbourne Downs PCT and East Sussex CC Services Department;
- the re-provisioning plans being put in place are robust and address the needs of patients and their carers.

1.3 The Board met with those responsible, in each of the partner organisations named above, for implementing the actions in the joint re-provisioning plan. Throughout its investigations the Board sought answers to the following questions;

- i. Were all patients and relatives/carers happy with the final arrangements for their future care post All Saints?
- ii. What is the situation with Hailsham 2 Ward in Eastbourne DGH? Are there any issues emerging in relation to patients' care and discharge to home or alternative care?
- iii. Is Firwood House still on target to receive patients on Tuesday 4 May 2004?
- iv. What is the latest situation on the recruitment of staff to rehabilitation services/ occupational therapy etc? Are there any issues?
- v. Are there any financial issues preventing the achievement of the plans?

- vi. From a patient's perspective, is there seamless provision from hospital to intermediate care or rehabilitation? Are there effective working arrangements between the Acute Trust, PCT and Social Services?
- vii. Is there a capacity issue in respect of provision for older people requiring intermediate care, rehabilitation and therapy services in the future?

2. Key personnel

- 2.1 The East Sussex Health Overview and Scrutiny Committee (HOSC) appointed the following members as its Monitoring Board in February 2004:

Cllr Joy Waite, Chairman until 25 May 2004
Cllr Bill Bentley, HOSC Chairman & Chairman of Board from 25 May 2004
Cllr Beryl Healy
Cllr David Rogers
Cllr Ann Leigh
Ralph Chapman, Chairman Age Concern East Sussex and a voluntary organisations' representative on the HOSC

- 2.2 The Board met with the following representatives:

Gina Brocklehurst, Chief Executive, Eastbourne Downs PCT
Elaine McDonough, Intermediate Care Manager, Eastbourne Downs PCT

Graham Griffiths, Hospital Director, Eastbourne, East Sussex Hospitals NHS Trust
Dr Hugh McIntyre, Medical Director, East Sussex Hospitals NHS Trust
Joanna Smith, Senior General Manager Medicine, East Sussex Hospitals NHS Trust

Keith Hinkley, Assistant Director, East Sussex CC Social Services
Mark Stainton, Head of Social Care, East Sussex CC Social Services

Diane Parr, Director Age Concern East Sussex

3. Supporting evidence to this report*

- 3.1 The following provided background information for the Board:

- Original HOSC report on All Saints and meeting of the inquiry board that took place on 4 February 2004.
- Re-provisioning Plans provided jointly and agreed jointly by Acute Trust, PCT and Social Services.
- Monitoring Board meeting with Health representatives on 22 April 2004.
- Visits by Board members to Hailsham 2 Ward and Firwood House together with discussions held with staff and patients.
- Discussion by the HOSC Lead Officer with officers from the Acute Trust, PCT and Social Services and information provided by them.
- Information provided by Age Concern as advocates for the patients leaving All Saints.
- Terms of reference for the Multi-Agency Discharge Team meeting on Friday 28 May 2004.

4. The Monitoring Board's conclusions

- 4.1 The plans to provide replacement services to All Saints Hospital as presented to the Board in February and March 2004 represent a significant change to the way in which services for older people have, until now, been provided through Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services Department.
- 4.2 The plans presented to the Board indicate that replacement services are based on the premise that there is now a widely accepted view that:
- The majority of older people would prefer to remain in their own home given suitable support wherever possible.
 - Episodes of care in hospital and subsequent rehabilitation should be based in appropriate wards where medical, nursing and therapy staff have space, and are equipped with all of the appropriate modern technology that they need to deliver suitable medical care.
 - A range of intermediate options between home and hospital should be available to suit individual patient need.
 - A full range of services for care from home through to hospital and back, should be developed and delivered to every patient who needs it.
 - There is a need to continue to provide a sustainable and safe service for patients.

- 4.3 The Board, in supporting the premise above, suggests that it is also important that:
- A well stocked community equipment store is provided and maintained which delivers community based rehabilitation in order to reduce reliance on admission to hospital for treatment.
- 4.4 The Board also notes that there is much evidence for the view promoted by the Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services Department with regard to intermediate care. In particular an Intermediate Care Organisation and Normalisation (ICON) report by the Centre for Health Services Studies, University of Kent, and entitled '*An Evaluation of Intermediate Care Services for Older People*' supports this wider view.

The Board supports the premise and recognises the desire of the PCT, Acute Trust and Social Services to modernise health services, by developing different, yet appropriate means of delivering services to patients as an essential part of continuous improvement. The Board, therefore, saw the replacement services in this light and concluded that the overall plan is appropriate but with many challenges in relation to the implementation of the range of services proposed.

- 4.5 All partners moved very quickly to provide alternative services for the patients who remained in All Saints. The Board is satisfied that every step possible was taken to consider the needs of patients and their families. Age Concern was involved as an advocate in all negotiations. Concerns were initially raised by Age Concern about the retrogressive step that some clients going back to Eastbourne DGH were making. However, the Acute Trust took steps to improve the situation and no patients appeared to have suffered any detrimental affects to their health. Arrangements were made for other patients who needed further nursing care to be accommodated in a local nursing home and subsequently Age Concern reported that their needs had been met.
- 4.6 The Board is aware that there remains one outstanding complaint about the transfer of a patient from All Saints. This has been reported to the Acute Trust and PCT for them to seek a resolution.

Overall, the Board concludes that the transfer from All Saints was managed in difficult circumstances with due sensitivity and thoroughness by all three partners. The involvement of Age Concern in their advocacy role was valued and effective.

- 4.7 Hailsham 2 Ward was opened on time and patients admitted. The ward, taking 28 patients, is up and running and is full. Issues around the admission and discharge of patients to and from Hailsham 2 Ward have emerged in these early days. The Board understands that steps are being taken by the partners to resolve these issues.
- 4.8 All partners recognise that the length of stay in a hospital bed is critical to the promotion of independence and ensuring appropriate rehabilitation. There have been, however, some problems with discharging patients from Hailsham 2 Ward and admission to Firwood House as well as to slow-stream rehabilitation.
- 4.9 The partnership working that should provide patients with a seamless service of community services and support, from the moment of admission to hospital until arrival back to their home, is not yet fully- in place. The Board is concerned that there are still unresolved issues between partners which should have been sorted before the significant date of 1 June 2004.
- 4.10 The Board is of the view that there are some issues to be resolved around the type of patient admissions, and the length of stay, in Hailsham 2 Ward. Similarly, the Board is aware that there are difficulties around assessing and discharge of patients from Hailsham 2 Ward to an appropriate service, including Firwood House. There are clearly matters that require discussion between the partners to resolve.
- 4.11 The Board understands that plans are being put in place to address the assessment and discharge processes and arrangements at Eastbourne DGH through the establishment of a Multi-Agency Discharge Team. The expectation is that these were considered at a meeting of the partners on 28 May 2004.

The Board concludes that the partners – Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services Department - have not yet fully resolved problems around application of criteria, assessment and discharge at Hailsham 2.

The Board concludes that, if patients are to receive a seamless service, these matters require further discussion and clarification. The Board has been advised that the partners met on 28 May 2004 to address these matters. However, at the time of publication of this report the members are disappointed that these have not been resolved earlier and would urge that any outstanding issues are concluded as a matter of urgency.

- 4.12 Firwood House was officially opened on 1 June 2004. The Board has been informed that the full capacity of 21 patients will not be reached until mid-June. Although there was a planned staged opening there is delay in the use of 3 beds, in the main, because of a need for permanent staff to be in place.
- 4.13 The Board notes that recruitment to the necessary staffing levels, particularly with Rehabilitation Support, is a problem at Firwood House. The use of agency staff will be the norm until all permanent rehabilitation support staff take up their posts. Adequate intermediate care provision is currently being affected. However, the new community rehabilitation services are being staffed by appropriately qualified specialists as promised.
- 4.14 The Board has been reassured that, although there are recruitment problems, all aspects of the Community Rehabilitation Service will be in place by the end of June 2004. Board members noted from a visit to Firwood House that the community rehabilitation service still had some adjustments to make in these early stages. There were uncertainties about criteria and procedures and it is the Board's view that these will have to be further examined if the service is to be robust.

The Board concludes that whilst Firwood House is an excellent facility and the provision of rehabilitation services are appropriate, there remain issues with recruitment of staff, the settling in of staff and patients to new ways of receiving treatment, and to procedures. The Board is not yet confident that the staffing arrangements are satisfactory and will need to be closely monitored for some time.

- 4.15 The Board is aware that provision for patients who will need slow-stream rehabilitation is not yet robust. The lack of easy access to appropriate nursing homes and nursing care is the main problem and will require close working together from East Sussex CC Social Services, East Sussex NHS Trust and Eastbourne Downs PCT.

The Board concludes that problems around discharge from Hospital into appropriate slow-stream rehabilitation are recognised by the PCT but, as yet, are not fully resolved and progress on this service needs to be monitored further.

- 4.16 Assurance has been given that the new services have been costed by all three partners and there is sufficient funding available in Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services to pay for the alternative provision.

The Board concludes that, to-date, there is no evidence that funding is a problem.

- 4.17 Whilst the Monitoring Board has been carrying out investigations, it has come to light that there is no provision of services locally to people in Hailsham and Seaford. Patients in these two towns, the Board has been informed, will be able to access the services that now exist in Eastbourne. However, the Board is aware that the current provision cannot be considered comprehensive or in line with needs indicated by demography.

The Board concludes that, although provision of local services in Hailsham and Seaford was not a part of the original plan, it wishes to highlight that, there appears to be no robust assessment of need undertaken. Community based services are not readily available to people in Hailsham and Seaford and their needs should be considered in light of the closure of All Saints. It understands that there are already on-going discussions within the PCT about future policy and provision for older people in these areas.

- 4.18 The Board notes that the proposed seven-day-a-week service of acute community care is not yet in place but it is still intended that such a service will be up and running by September 2004. This should enable patients with 'acute' needs to receive treatment in their homes.

5. Recommendations

- 5.1 The Board, appointed in February 2004, has completed its monitoring of the re-provisioning plans for All Saints Hospital. However, there are a number of outstanding concerns and issues which the Board believes warrant continued attention by those with an interest in the new ways in which services are being provided for older people in Eastbourne and surrounding areas.

5.2 The HOSC report of 18 March 2004 included the following recommendation:

- “The HOSC recommends that Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services Department jointly engage in a continuous process to assist the public to understand how older people services will look and develop in future.”

5.3 In view of continuing press criticism the Board wishes to reiterate this recommendation. Recent endeavours on the part of the PCT and Acute Trust to provide positive copy for the local paper have not been totally successful in re-dressing criticisms. The Board considers there needs to be continued effort in promoting public understanding and public confidence. These are critical factors in the acceptance and success of the modernised service.

5.4 **The Board recommends that:**

- i. Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and East Sussex CC Social Services Department act upon the conclusions highlighted in part 4 of this report and respond to the HOSC by Friday 25 June 2004 on progress.**
- ii. The HOSC is formally involved in an appropriate way with the continuing development and monitoring of services for older people, especially with any performance management arrangements Eastbourne Downs PCT may put in place.**
- iii. The Patient and Public Involvement Fora for East Sussex Hospitals NHS Trust and Eastbourne Downs PCT receive this report and identify ways, from a patient perspective, that they might maintain an interest in how the services are developed, especially where the Board has concluded there are still aspects to be monitored.**
- iv. The Eastbourne Downs PCT carry out a robust assessment of both present and future need for intermediate care, rehabilitation and therapy services for older people in the total catchment area.**
- v. The full East Sussex Health Overview and Scrutiny Committee receive a joint report, in six months time, from Eastbourne Downs PCT, East Sussex Hospitals NHS Trust and the East Sussex CC Social Services Department on the effectiveness of the services put in place to replace All Saints and their action on these recommendations.**

East Sussex Health Overview and Scrutiny Committee

6. The East Sussex Health Overview and Scrutiny Committee Monitoring Board:

Cllr Joy Waite, Chairman until 25 May 2004
Cllr Bill Bentley, Chairman from 25 May 2004.
Cllr David Rogers
Cllr Ann Leigh
Cllr Beryl Healy
Ralph Chapman, Chairman Age Concern East Sussex

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*** Supporting information**

A paper copy of the supporting information is available from:

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