

Health Overview and Scrutiny Committee (HOSC) Newsletter

October 2011



Health Scrutiny in East Sussex www.eastsussexhealth.org

HOSC welcomes extra engagement on Clinical Strategy



HOSC has questioned senior representatives of East Sussex Healthcare NHS Trust (ESHT) on the development of their Clinical Strategy, 'Shaping our Future', which sets out the Trust's approach to developing its services over the next five years.

Darren Grayson, Chief Executive of the Trust, explained to HOSC that

the Clinical Strategy is based around eight workstreams covering key service areas, each led by Trust clinicians with the involvement of GPs, the Local Involvement Network (LINK) and other stakeholders. A proposed model of care has been developed for each workstream, including a model for maternity and related services which has been developed through the independently-led Maternity Review.

Mr Grayson explained that the next stage of the process would be a two to three month pre-consultation engagement period during which public understanding of the models could be developed and options for delivery could be identified.

Financial Issues

When asked whether the financial circumstances of the Trust had informed the development of the Clinical Strategy, Mr Grayson assured the Committee that the Trust had a good understanding of both the resources available and pressures facing them over the next five years.

The Trust has an annual budget of £360m. Financial modelling carried out by the Trust indicated that savings of approximately £100m over the next five years would be needed.

Indications are that 30% of the £100m savings could be achieved through efficiencies and 70% would need to be achieved by service redesign through the Clinical Strategy. Mr Grayson acknowledged that the models of care developed by the eight workstreams are to some extent aspirational at this stage and the delivery options developed through the next stage of

the process would need to be fully costed. The Trust Board would then need to take a view on priorities for investment.

Workstreams

The Committee was updated on the workstreams, including the maternity, cardiology (heart services) and stroke workstreams.

HOSC members asked Mr Grayson to clarify the Trust's intended provision of primary angioplasty treatment for heart attacks. He informed the Committee that NHS Sussex and GP commissioners had indicated they wish to move to a 24/7 service in Hastings by 1 April 2012. This move is being considered as part of the pre-consultation phase of the Clinical Strategy development. When proposals are more developed HOSC is expected to consider whether this represents a substantial change to the service that would require consultation.

Dr David Hughes, the Trust's Medical Director, explained that in an effort to improve stroke services, the Trust had recently implemented direct access to the stroke units at both acute hospital sites and 24/7 thrombolysis (clot-busting drugs) is now available. However it was acknowledged that the Trust was still lacking in specialist stroke support, an issue that was being addressed through recruitment and obtaining support from neurologists for the thrombolysis service.

Mr Grayson indicated that the options for the future delivery of stroke services would be considered as part of the pre-consultation process. The Trust currently operates two acute stroke units and the question would be whether the proposed higher standard of care could be best delivered from two units or one unit.

Public engagement

HOSC members asked how the Trust was preparing for a public debate over potentially significant change to services. Mr Grayson acknowledged that change to health services can be an emotive issue and that it could be challenging to ensure the focus remained on what was best for patients. He assured the Committee that the Trust would ensure any proposals for change had a good evidence base and had been

(Continued on page 2)

(Continued from page 1)

developed by clinically-led working groups. Mr Grayson acknowledged that a strong process of engagement would be needed which encompassed all stakeholders. He argued that the debate should focus on the health and wellbeing of local people.

HOSC Chairman Councillor Rupert Simmons said, "HOSC welcomes the addition of an additional engagement period to the Clinical Strategy development process and the committee will receive a further report on the proposed delivery options across the eight workstreams in due course". A working group will be set up to provide additional input to the Trust from HOSC during the pre-consultation period, particularly in relation to the engagement process.

The Trust is expected to have in place a shortlist of viable options for delivering the proposed model of care for each workstream by the end of the engagement period in December 2011.

HOSC's Role

HOSC will need to consider whether any of the specific proposals arising from the Clinical Strategy constitute a 'substantial development or variation' to services that would require the NHS to consult with the Committee before implementation.

HOSC would need to take into account factors such as the number of patients affected and the way in which they would be affected when coming to a view on this issue.

As a general rule if a proposal is regarded as substantial enough to require consultation with the HOSC, the NHS would usually be expected to undertake a public consultation. HOSC would undertake a process of evidence gathering before coming to a view on specific proposals.

A primary care approach to Dementia

Martin Packwood, Head of Joint Commissioning (Mental Health) briefed HOSC on the progress with the implementation of the local Dementia Strategy Action Plan. The action plan is now being updated in line with the Government's new 'Commissioning Framework for Dementia' that was published in July 2011. This aimed to set out very clearly what standards and outcomes patients should expect from dementia services.

Mr Packwood explained to HOSC that the action plan continued to be implemented alongside a strengthening of engagement with GPs. A partnership approach to developing services continued to be taken across the NHS and social care. Introduction of a new Memory Assessment Service had been deferred to April 2012. However, the opportunity had been taken to develop a new, primary-care based approach with GPs which ultimately could be delivered in local surgeries, offering innovation and improved value for money. As this is a new model, it is taking additional time to work through the associated issues.

National Shift

Dr Lindsay Hadley, a local GP lead for dementia, described a national shift towards increasing provision of dementia care through community or primary care services, as opposed to specialist mental health services. She highlighted the increasing emphasis on early diagnosis and finding better ways to care for people locally. Dr Hadley also indicated

that primary care based models could increase expertise amongst GPs in managing an increasingly common condition and reduce the stigma associated with dementia.

Any new model would be phased in gradually, initially working through groups of GP practices with one practice taking the lead.

The lead practice would receive additional training in order to provide care which had previously required a referral to specialist services. Further development could then follow as more GPs received the additional training.

HOSC's Mental Health Task Group will reconvene to consider service redesign in dementia services in more detail, particularly the development of a primary care based model for memory assessment.

Councillor Simmons said, "dementia is an incredibly important issue in East Sussex due to the large ageing population. HOSC will continue to take a keen interest in how it is addressed locally".

DH Department of Health

Commissioning framework for dementia

Mental health service changes making progress

HOSC has been scrutinising planned changes to local mental health services for a number of months and gave the go ahead earlier in 2011 to the reduction in inpatient beds it had agreed with the NHS following evidence of improvements to community mental health services.

Lorraine Reid, Chief Operating Officer at Sussex Partnership NHS Foundation Trust informed the Committee that service performance had continued as expected and that 20 inpatient beds at the Department of Psychiatry in Eastbourne had closed as agreed over the summer. As part of the next stage of implementation, the Trust proposed a slight change to planned bed configuration in the creation of three, 18 bedded wards in Eastbourne. This is an addition of three beds in Eastbourne, and a corresponding reduction of three in Hastings.

To enable the refurbishment of the Department of Psychiatry it was also proposed to relocate one ward to Brighton and Hove for approximately 23 weeks. Due to the increased difficulty of relocating mental health wards compared to general wards, the Trust was proposing to use a ward in Brighton and Hove which is designed for similar use. Ms Reid agreed that it would be important to provide appropriate information and travel support for service users and carers affected by the relocation and indicated that the Trust would draw on its previous experience of a similar process in Mid Sussex.

HOSC agreed to support the proposed bed configuration due to its better fit with population needs and to support the temporary relocation of a ward from Eastbourne to Brighton and Hove, due to the long term benefits of refurbishment. HOSC requested further updates as implementation progresses, particularly in relation to ward moves.

Redevelopment plans for Royal Sussex County Hospital

Brighton and Sussex University Hospital Trust's programme, Teaching, Trauma and Tertiary Care (3Ts) aims to further develop Royal Sussex County Hospital as a tertiary (specialist) care centre, particularly through re-locating the Neurosciences Unit on site from its current location in Haywards Heath to create a major trauma centre for Sussex. Such an undertaking will require extensive redevelopment, especially of older buildings in the hospital grounds that are no longer considered appropriate for the provision of modern healthcare. The redevelopment will cost in the order of £400 million.

Planning Decision

Duane Passman, Director of 3Ts, Estates and Facilities, gave a presentation to HOSC where he confirmed that Treasury funding of the 3Ts redevelopment at the site had government support, subject to planning consent being obtained. The Trust has submitted the planning application to Brighton

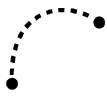


and Hove City Council with a decision anticipated by Christmas 2011.

Mr Passman acknowledged the need to provide information in both digital and non-digital formats for patients who would be affected by the redevelopment. He indicated that he would be very happy to receive advice on how to pass this information on to patients at a local level. Mr Passman also assured HOSC that, where services were relocated during the building works, patients would receive specific information with their appointment letters.

Parking availability at the Royal Sussex County Hospital site is a key concern of patients and has been addressed in the revised plans by replacing the proposed multi-storey car park with underground car parking, enabling further car parking spaces to be included. The redevelopment will now include 312 extra spaces (over and above current parking capacity), over 100 more than in the previous plans.





News in Brief

Health and Wellbeing Board

The consultation period on the County Council's plans to establish a shadow Health and Wellbeing Board ended on 7 September 2011 with a good response received.

These Boards, proposed as part of the government's reforms to the NHS, aim to bring together local councils, NHS commissioners and public representatives to assess local needs and develop a health and wellbeing strategy for the area. The consultation proposed that the East Sussex Board should be the 'guardian of the whole health and social care system' and sought views on the proposed membership, remit and structure of the Board.

72% of respondents agreed that the Health and Wellbeing Board should be the 'guardian of the health and social care system'. There was not universal support for the term 'guardian', however, but the

majority agreed with the principle.

There was strong support for the proposed 'assembly' model which was viewed as a good route for engaging the large number of individuals and organisations who wish to be involved with the Board's work.

Membership is expected to be confirmed during October 2011.

For more information go to: www.eastsussex.gov.uk/yourcouncil/consultation/2011/default.htm

Welcoming back Hastings

Hastings Borough Council has recently rejoined HOSC and will nominate a representative for the committee in due course. Their addition to HOSC will further strengthen the committee's ability to reflect all the localities of the county.

Next HOSC meeting 10.00am, Thursday 24 November 2011 at County Hall, Lewes

For webcast recordings and meeting details see our website: www.eastsussexhealth.org

HOSC Members – October 2011

East Sussex County Council:

Cllr Rupert Simmons – Chairman

Cllr David Rogers OBE – Vice Chairman

Cllr Carolyn Heaps

Cllr Philip Howson

Cllr Ruth O'Keeffe

Cllr Peter Pragnell

Cllr Barry Taylor

East Sussex Local Involvement Network (LINK):

Ms Janet Colvert

Eastbourne Borough Council:

Cllr John Ungar

Hastings Borough Council:

TBC

Lewes District Council:

Cllr Elayne Merry

Rother District Council:

Cllr Angharad Davies

Wealden District Council:

Cllr Diane Phillips

Voluntary Sector:

Maurice Langham, East Sussex Seniors Association

Dave Burke, Hastings and Rother Counselling (role-share)

Julie Eason, East Sussex Advice Plus (role-share)

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East Sussex Health Overview and Scrutiny Committee (HOSC) is managed by East Sussex County Council and works in partnership with Eastbourne Borough Council, Hastings Borough Council, Lewes District Council, Rother District Council and Wealden District Council

