SCRUTINY OF ASPECTS OF THE NHS SOUTH EAST ESSEX STRATEGIC PLAN

Preface

Essex Health Overview and Scrutiny Committee held a workshop in February 2010. Attendees included the Chairmen and Chief Executives of all the Health Authorities. The workshop considered the areas of activity which warranted a closer scrutiny during the coming year with the intention of making recommendations intended to improve service provision based on findings.

One of the areas agreed for closer scrutiny was the NHS South East Essex Strategic Plan. The specific aspects of the plan included:

- The productivity drive
- Mental health pressures and spend
- Public Health
- Provision of community facilities

I was asked by the Chairman of the Area Forum, Councilor Ray Howard, to chair a Task and Finish Group of Area Forum members to undertake this piece of work. We have met on a number of occasions to consider the issues. However, it has to be acknowledged that the current economic climate and ongoing structural changes to the NHS in Essex has made this piece of work very challenging.

I am pleased to present this final report into the findings of the scrutiny. I would also like to thank all those who have given their time to undertake the investigation.

Cllr Elizabeth Hart
Chairman

February 2011

INTRODUCTION

The scoping document which details the Panel's remit is attached at Annex 1.

Membership:
Chairman: Councillor Elizabeth Hart, Essex County Council
Councillor Alan Crystall, Southend on Sea Borough Council
Councilor Malcolm Maddocks, Rochford District Council
Councillor Colin Riley, Essex County Council
Councillor Kay Twitchen, Essex County Council
Councillor Blaine Robin, Southend on Sea Borough Council
Councillor Marimuthu Velmurugan, Southend on Sea Borough Council
Councillor Patricia Weaver, Rochford Hundred Association
Mr John Burridge, Canvey Town Council (Part)
Councillor Graham Butland – HOSC observer
Councillor Ray Howard, Area Forum Chairman – *ex officio*

Supported by:
Sallyanne Thallon – Area Co-ordinator, South Essex – Essex County Council
Matthew Waldie – Committee Officer, Essex County Council

The Panel considered four aspects of the Strategic Plan all of which are inter-related. In particular, the productivity drive is dependent on the successful reconfiguration of treatment paths to enable the delivery of services in community facilities, thus relieving pressure on hospital admissions and attendances at the Accident and Emergency Department. The four aspects which provided the focus for the scrutiny were:

- The productivity drive
- Mental health pressures and spend
- Public Health
- Provision of community facilities

The Panel approached their task by first considering what the Strategic Plan proposed in relation to the areas for scrutiny. The Plan had been reviewed and changes made since the decision had been made to undertake the scrutiny. This had been necessary in the context of Government announcements in relation to NHS funding. The impact of these announcements for NS South Ease Essex has been an overall NHS spending rise of 0.1% per year in real terms over 4 years, but with administration budgets reducing by 48%.

NHS budgets had seen significant year on year increases over previous years. Had funding increases continued at the level of recent years (which was known to be highly unlikely whatever the outcome of the 2010 General Election), the PCT estimated that it would have received funding of £87.6 million above the level now anticipated at the end of 2014. Through the Strategic Plan, the NHS

Trust had to make changes which would enable more effective use of funds, increased productivity, the design of a more efficient local service and the introduction of innovative ways to deliver services locally to ensure that current service quality and level can be maintained.

THE SCRUTINY PROCESS

The Panel requested from NHS South East Essex an account of how the productivity savings would be achieved. The letter received from Andrew Pike, Chief Executive, is attached at Annex 2. It covered not only the productivity issue but also the impact on the other three issues under scrutiny, mental health pressures and spend, public health and provision of community facilities. It outlined the current and proposed actions to be taken to address the changing context and continue to deliver quality health services.

The wider context for the actions outlined is the current constrained financial situation and the restructuring of health services locally. The programme of service reviews being undertaken by NHS South East Essex is key to successful achievement of budget reductions and also where necessary to provide the capability to re-invest in key areas of activity, in particular dentistry and services for dementia sufferers and their carers. A key question is whether the financial savings and additional expenditure mentioned in the letter remain viable, as, despite one review, the pace of change is significant.

The Strategic Plan actions identified in the letter received from the Chief Executive are those which pertain to the four areas covered by this review. All are key to delivery of the productivity targets and in turn to making the necessary savings to reinvest in mental health services and public health. All also aim to support delivery of services locally through community based health centres or surgeries providing more convenient access to the public.

Letters were sent to relevant organizations offering them the opportunity to submit their views. There was a very limited response (2 replies). These raised issues which, though not directly related to the scope of this scrutiny, will be taken up directly with NHS South East Essex. A list of invitees together with copies is attached for information as ANNEX 3.

The Panel asked a wide range of questions of NHS South East Essex in response to the letter received and the position relating to each of these is set out below. However, the situation of NHS South East Essex has changed considerably since the original remit of the Panel was agreed and this has meant that it has been difficult to discharge them.

1 . Reduce attendance at A&E - The approach is anticipated to deliver £344k gross savings in 2010/11.

NHS South East Essex comment
Partners have worked together to develop treatment centres locally that provide either extended hours or out of hours provision in some cases. The Walk-In centre at St Luke's is providing treatment for a growing number of patients; primary care centres at Canvey Island and in Leigh are also providing local services.

The establishment of an Urgent Care Centre at Southend University Hospitals Trust has been delayed until late spring 2011 at the earliest as the current application was refused by Southend Borough Council Planning Committee. Other options are currently being considered to develop some form of nurse-driven 'filter' that assesses and re-routes minor A & E attenders to other services in the meantime.

There has not yet been a reduction in attendances at A & E given the delay in implementation of the Urgent Care Centre, but this will be carefully monitored if/when some form of filter is introduced.

2 . Reduce emergency admissions - anticipated gross saving in 2010/11 is £1.49 million and over the next three years a total of £4.34 million

NHS South East Essex comment
The new approach to accessing intermediate care should begin to impact on emergency hospital admissions from November 1st 2010 when the new step-up intermediate care facility opens at Southend Hospital. Financial agreements are in place with the hospital to deliver the required gross saving, which is freeing up the required resource for wider change within health services.

Current total hospital Chronic Pulmonary Obstructive Disease patient reduction 2010 performance will need to be further researched.

South East Essex PCT is endeavouring to minimise the impact of the preparation for change within the NHS on the transformation agenda for long-term condition management. Much of the provision of services sits within the community healthcare provider who has received support and encouragement during a period of change. The future of these services will soon be clear, and the transition to an acquiring partner will be complete by 1st April, enabling staff to begin to embrace further changes in ways of working.

3 . Musculo Skeletal Community Services - gross savings of £1.2million in 2010/11

NHS South East Essex comment
A 6 month pilot, started in Autumn 2010 is in place to test the proposed new service access model. In addition, the clinical group have begun working on the shoulder pathway.

Service users are an important and demonstrable part of the service redesign, and to that end, a patient sub group is well established with one member linking into the MSK Board. The group are currently working on a patient information leaflet and patient satisfaction survey as well as shaping the development of the Service.

Potential savings of in the region of £1million have been identified and this assumption will be reviewed post pilot.

4 . Improved referral to treatment times for community services

NHS South East Essex comment
The contract for service delivery has been awarded to South Essex Partnership Trust (SEPT) and we are currently on target to complete by the March 31st deadline.

We acknowledge that wheel chair services are not performing as we would expect. However, we have been working closely with our provider to secure improvements in the services. Community health services have developed a unique partnership with Whizz Kids for the supply of children's wheelchairs and feed back from parents has been positive in terms of the quality and speed of provision of wheelchairs for children.

There has also been an improvement in the number of patients who have their wheel chair needs met within 18 weeks of referral; however, there are occasions where patients will wait longer, for example:

a. A patient may require special adaption to a chair
b. Specialist seating
c. A very complex chair
d. A specialist made to measure chair

Whilst we endeavour to facilitate the delivery of these as quickly as we can it is not always possible to achieve this within the 18 weeks due to supply.

We have plans to re- procure the wheel chair services through a tendering exercise during 2011.

The PCT strategy is clear in its aspiration to develop integrated services across health & social care and the 3rd sector. During the externalization process of our provider functions the proposals from the potential acquirers have been evaluated against a range of criteria which include their proposals for models of service that will achieve the aspirations of our strategy in terms of integrated working.

In addition we will, over the next 2 years contest each of the community services to ensure to ensure they offer high quality interventions that are effective and offer best value for money. We are already working with GP commissioning consortia leads to agree the plans for contesting services and the integrated models that will offer the best services for our population.

5 . Commission pilot domiciliary dental service for residents who are not mobile/compromised by health issues and can't visit a dentist - additional cost of £1.4million

NHS South East Essex comment
Take up in the first 6 – 9 months was slow as the population / nursing and residential homes became familiar with how to access the service. During 2009/2010 to the present time the service has become well established.

It was initially expected that 40% of patients who are not mobile would be seen via this service (general dentist) and the remainder by the Community Dental Service. During 2009/2010 this changed to 55% of patients requiring a domiciliary service seen under this pilot.

Details of the new services procured and out for procurement are shown below:

1. Rochford (10,000 Units Of Dental Activity UOA)) went live in April 2010 (started 2 months early)
2. Hockley (9,000 UOAs) were due to start at the end of October 2010. This was due to open in September but the premises were not fully DDA compliant.
3. Leigh (23,000 UOAs) commissioned from July 2010. This also includes the provision of an out of hours service for the whole of South East Essex with the practice 365 days of the year.
4. Southend (27,000 UOAs) is currently out for procurement.

6 . Implement the recommendations from service reviews - gross savings of £283k in 2010/11

NHS South East Essex comment
Service contracts are now all in place

Cataract treatment has been in high demand and access to the service has been examined to ensure that only patients really needing the treatment will receive it. Tonsillectomy, Oral Surgery and Orthodontics are beginning to deliver the anticipated savings. Progress is being made on other areas, though specific information is still to be identified.

7 . Delivering outpatient services locally and reducing outpatient referrals - The gross savings in 2010/11 for GP referrals will be £414k and through better management of care pathways via reviews, £2.87 million.

NHS South East Essex comment
The new ways to obtain services have been implemented but efficiencies have not yet been quantified, it is too early to say what they will be at the moment.

In relation to how the changing ways to access services for patients will impact on the viability of hospital based services, as Commissioners we work with partners / providers in the health landscape to ensure the best service for patients is available and this includes working on issues like sustainable service provision and adaptation to changing community and economic needs.

8 . Improve services for people with dementia and their carers - gross investment of £600k in 2010/11.

NHS South East Essex comment
£600,000 is the cost of the memory assessment service which will provide diagnosis and intervention for people seeking and with a diagnosis of dementia. This cost was identified at the start of the process and should be sufficient.

As part of the development of the South East Essex dementia strategy a mapping exercise of all services provided by both health and social care has taken place and we are looking at integrating as many services as we can to make savings and avoid duplication.

We have liaised with officers from Essex County Council (both directly and through the work of various workstreams), LINK and clinicians to get an understanding of the impact on carers. We have also worked with Rayleigh and Rochford Association of Voluntary Services and Southend Carers Forum

9 . Improved access to psychological therapies

NHS South East Essex comment
We have a Service Development Plan which we have jointly agreed with our provider and stakeholders to configure the services and to bring the service pathway closer to the GPs and we plan to pilot the revised service model from February 2011. We are also enriching the current staffing resource by increasing the skills of the Low Intensity Workers and number of Primary Care Therapists.

We have invested £58,000 in a Medically Unexplained Symptoms project to look at ways we can:

1. Identify and treat diagnosable conditions that present with physical problems
2. Minimise mis-diagnosis and the withdrawal of treatment when a mental health diagnosis presents as somatic symptoms.

The project will also assess how we can train GPs and therapists to deliver services to people with medically unexplained symptoms. We believe that the outcomes of the project will have even wider health service efficiencies resulting from lower healthcare episodes.

10 . Empower people with long term conditions and their carers to manage their conditions and take ownership of their care

NHS South East Essex comment
In terms of self-management of long-term conditions/empowerment of carers, providers are fully engaged and progress is being made. The Essex County Council carers' strategy was shared at the South East Essex Leadership Group in June 2010; work since has been undertaken on development of personalised care plans, provision of information and improved case management.

The % of personalised healthcare plans now in place is not known, or the number of patient education courses being commissioned or the take up of courses. This would require further research. The impact on treatment costs is being monitored and would need long-term monitoring to measure the impact of initiatives as the main indicator is management of crisis over a period of time.

Health colleagues are engaging on the independent living programme. The Care of the Elderly programme is now working on developing fuller collaborative working across health and social care, and on improving use of re-ablement and rehabilitation to create faster, more intensive support where it is needed to support independent living.

SUMMARY OF ACTIONS AND ISSUES ARISING

No	**Strategic Plan Action**	**Issue**
1	Reduce attendance at A&E	Why was planning permission for the urgent care centre not granted by Southend-on-Sea Borough Council? Is the reduction in attendance at A&E beginning to be delivered (as this - plus emergency admissions - is key to making the necessary savings)?.
2	Reduce emergency admissions	Have the pathway redesigns and the availability of treatments locally actually delivered fewer emergency admissions?
3	Musculo Skeletal Community Services	What has been the outcome of the Pilot?
4	Improved referral to treatment times for community services	Have the changes delivered better and faster access to the identified services and have the aspirations in relation to integrated working been delivered? 18 weeks as a target for delivery of a wheelchair is totally unacceptable. The use of Trusted Assessors as an alternative to qualified Occupational Therapists should be explored and implemented if found to be an appropriate route for non-complex cases.
5	Commission pilot domiciliary dental service for residents who are not mobile/compromised by health issues and can't visit a dentist	Has the take-up of the service been as expected and is the additional cost on target?
6	Implement the recommendations from service reviews	Is the positive trend in relation to savings continuing?
7	Delivering outpatient services locally and reducing outpatient referrals	What have been/will be the quantified efficiencies and what percentage of consultants services are actually being delivered via GP surgeries and what is /will be the impact on the viability of the hospital given the significant redirection of funding? How has the very significant saving identified been calculated?

8	Improve services for people with dementia and their carers	To what extent have the necessary specialist multi-disciplinary teams been put in place? What is the current expenditure on dementia services? What is being done regarding early identification of dementia symptoms?
9	Improved access to psychological therapies	How has the freeze on recruitment of therapists impacted on the overall approach?
10	Empower people with long term conditions and their carers to manage their conditions and take ownership of their care	Has the implementation of this action enabled better self management and in turn impacted on the number of emergency admissions to hospital or A&E Is there any means to establish the savings which are or may be delivered as a result of this approach?
11	Overall delivery of the Plan	What steps are being taken to mitigate the impact structural change on savings initiatives?

In view of the current rapid pace of change within the health service, there are significant doubts about the delivery of all aspects of the Strategic Plan under scrutiny. It is thus appropriate that a single recommendation should be applied to the process. This is outlined below.

RECOMMENDATION :

That all referenced aspects of the Strategic Plan are revisited in July 2011 when the Panel should be reconvened to review progress against identified issues to assess the impact of financial constraints and structural change of the NHS.