

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **16th June 2011**

By: **Director of Governance and Community Services**

Title of report: **East Sussex Healthcare NHS Trust – Clinical Strategy**

Purpose of report: **To update HOSC on progress with the development of the Trust's Clinical Strategy**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on progress with the development of the Clinical Strategy.**
 - 2. To request a further report on the Strategic Delivery Plan in September 2011.**
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1. Background

1.1 East Sussex Healthcare NHS Trust (ESHT) is a major provider of health services for the residents of East Sussex. It is the main provider of acute hospital care for the county, including the two main hospital sites in Eastbourne and Hastings. From April 2011 the community health services previously managed by the East Sussex Primary Care Trusts (PCTs) transferred to the Trust. These include services such as health visiting, district nursing, community rehabilitation and community hospitals.

1.2 The Trust, which had previously been called East Sussex Hospitals NHS Trust, was renamed in April 2011 to reflect the wider range of services it now provides across over 110 sites in the county.

2. Clinical Strategy

2.1 ESHT is in the process of developing a clinical strategy, known as '*Shaping our Future*', which aims to set out the future direction which will be taken by the Trust, taking into account the national and local context. It is intended to support the organisation in taking a consistent and coherent approach to developing and reconfiguring its services over the next five years.

2.2 The Clinical Strategy is being developed in two stages:

- Stage 1: the Strategic Framework
- Stage 2: the Strategic Delivery Plan

2.3 In March 2011 HOSC considered the Strategic Framework (stage 1) which sets out the Trust's vision, mission, aims, objectives and priorities. It is intended to provide a framework within which the Trust will plan and make decisions over the next five years. The Committee also requested a further report on the second stage of the process - the development of a more detailed five year Strategic Delivery Plan.

2.4 The Strategic Delivery Plan will include detailed financial and service planning to identify how the Trust will deliver the priorities set out in the Strategic Framework, including the degree of change which will be required. In addition to demographic and clinical pressures, the Trust estimates that £100m of savings will be required over the five year period, delivered through a combination of efficiencies and redesign of services and care pathways.

2.5 The process of developing the Strategic Delivery Plan is currently underway. This process involves the development of 'cases for change' in a range of service areas within three

workstreams: urgent care, planned care and integrated care. The cases for change are based on an analysis of the Trust's current performance against the future objectives set out in the Strategic Framework. They will result in an evidence base for change and a range of options for how this can be achieved.

2.6 The Trust envisages the sort of change which is likely to emerge from this process falling into three categories:

- Increasing operational efficiency and effectiveness
- Service redesign – changing the care pathway experienced by patients
- Service reconfiguration – changing the service model, such as where or whether a service is provided in the future.

3. Patient and public involvement

3.1 NHS organisations have a duty to involve patients and the public in the development of proposals for change in an appropriate and proportionate way. It would also be expected that any major changes proposed would be subject to public consultation.

3.2 NHS organisations also have a duty to consult the relevant HOSC(s) on any proposals for 'substantial development or variation' to services. When the Strategic Delivery Plan is further developed, HOSC will need to work with the Trust to determine whether there are aspects of the plan which constitute potential change of this level which will require consultation with the Committee. HOSC will also have a role in considering how effectively patients and the public have been involved.

4. Issues for HOSC to consider

4.1 ESHT has provided a set of slides providing further information on the development of the Strategic Delivery Plan - attached at appendix 1.

4.2 Darren Grayson, Chief Executive, and Dr Amanda Harrison, Director of Strategy, from ESHT will attend the HOSC meeting to discuss progress with the Committee.

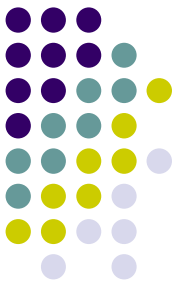
4.3 The latest guidance to the NHS says that proposals for change to services should meet four 'tests'. Proposals for change must:

- be clear about the clinical evidence underpinning the proposals
- have the support of the GP commissioners involved
- genuinely promote choice for patients
- be developed through a process which has genuinely engaged patients, the public and local authorities.

4.4 HOSC may wish to provide advice to the Trust as to how they can best ensure that these tests are met. HOSC may also wish to begin consider the sort of factors which could determine whether changes constitute a 'substantial development or variation' of services requiring consultation with the Committee.

BILL MURPHY
Interim Director of Governance and Community Services

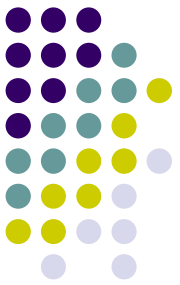
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Clinical Strategy: Update

- We have developed a strategic framework through clinical leadership and process of wide ranging stakeholder engagement
- Discussed at HOSC seminar in January
- Approved by Trust Board in January
- Developed with a view to maximising the benefits of integration
- The framework identifies vision, mission, aims, objectives and priorities for the Trust

Strategic Framework:



Our **Vision** is to be:

- The healthcare provider of first choice for the people of East Sussex

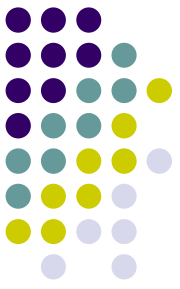
Our **Mission** is to

- Continuously improve outcomes for our patients

Our **Aim** is to deliver patient centred care by:

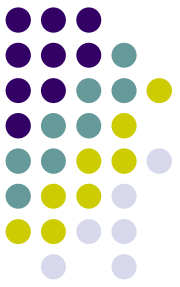
- making safe patient care our highest priority
- using our resources efficiently and effectively for the benefit of our patients and their care.
- ensuring our services are clinically and financially sustainable.
- Improving and enhance patients' experiences and clinical outcomes.
- working in partnership to meet the needs of our local population
- continuously developing our services and our staff

Our objectives are to:



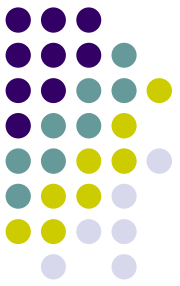
- provide high quality, innovative and accessible emergency care
- provide high quality, innovative and accessible elective care
- revolutionise services for older people and those with long term and complex conditions through the provision of integrated services
- deliver the right care in the right place at the right time by working in clinical networks and other partnerships
- communicate effectively with our patients, our staff, our community and our partners
- maintain and develop a skilled and motivated workforce
- realise the benefits from our estate and IT infrastructure
- drive productivity and efficiency and where appropriate maximise our market share

Delivery Plan: turning the framework into reality



- Clinically led working groups for three workstreams:
 - Urgent Care – Andrew Leonard
 - Planned Care – Peter Rimmington
 - Integrated Care – Jayne Boyfield
- Involvement of GP Commissioning Consortia
- Patient and Public involvement
- Developing a case for change at specialty/service level

Developing cases for change



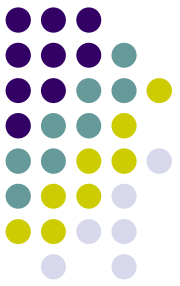
- Analysing current performance against our objectives and identifying the gaps
- Looking at the challenges:
 - Quality
 - Access and demand/activity
 - Resources – Estate, IM&T
 - Staffing
 - Costs
- The outcome will be an evidence base for change and some options for how this might be achieved

Maternity Review – an example



- The review is part of the development of the Clinical Strategy delivery plan
- It is externally led and chaired with external clinical expertise
- It is being undertaken by a new leadership team and Board with an open mind
- We know change is required because:
 - Delivering the IRP recommendations has been challenging
 - Senior doctors are expressing concerns about the future sustainability of the service
 - The policy context has and will continue to change – King’s Fund report on Maternity Staffing, Royal College of Paediatrics and Child Health report on the future of Paediatric services
 - The PCT is clear that the current financial premium paid for the service is non recurrent
- The review will develop a case for change and set out the potential options for delivering the change required

Delivering change



Cases for change will identify the need for:

- Increasing operational efficiency and effectiveness

For example:

- ensuring we use our theatre capacity as efficiently as possible
- changing the skill mix of staff

- Service redesign – changing the care pathway

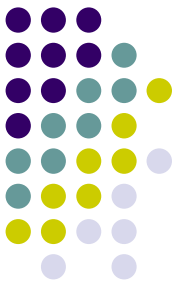
For example

- shortening the time people spend in an acute hospital following a stroke or an operation by improving access to intermediate care beds and care in people's own homes in partnership with social care
- Preventing those with long term conditions being admitted to hospital by supporting them to manage their condition and avoid exacerbations

- Service reconfiguration – changing the service model

For example

- permanently changing the site from which a service is delivered
- closing a service



At the same time:

We will continue to deliver our usual business by:

- Flexibly managing our capacity
- Delivering quality improvements
- Delivering our cost improvement programme - £100m over the next 4-5 years

- All the above will result in a viable and sustainable service configuration that will enable us to become a successful organisation and a Foundation Trust and will not be achievable without both redesign and reconfiguration