

A Paper to Update the Overview and Scrutiny Committee On the Development of Best Care Best Place in line with the Joint Overview and Scrutiny Committee's Requirements

1. The Purpose of the Report

The purpose of the Report is to update the Overview and Scrutiny Committee on implementation plans for delivering the endorsed recommendations for Best Care Best Place (BCBP). The report will focus on those recommendations requested by the committee with the understanding of a commitment of continued joint working.

2. Introduction

Following the delivery of the Overview and Scrutiny Committee's Report on 16th February, the five NHS Trusts responsible for Best Care Best Place committed to ensuring that the proactive approach of patient and public involvement and consultation is continued throughout the implementation phase of Best Care Best Place. As requested, this is the first update meeting requested by the five Trusts to ensure that this process continues.

The report will follow the format of the letter from the Overview and Scrutiny and the letter outlining the content of the meeting sent to Mr Chard on 12th May, namely;

1. The position of the recruitment of the Advanced Neonatal Nurse Practitioners (ANNPs) given that the date for review is scheduled for September, and our progress in developing the contingency plans for managing the service.
2. An update on the implementation plan of the move of the acute beds from the Brighton General Hospital (BGH) site to the Royal Sussex County Hospital site.
3. The changes to emergency and elective surgical care at Brighton and Sussex University Hospital Trust (BSUH) including breast surgery.
4. An update on the sustainability of the Accident and Emergency Dept at the Princess Royal Hospital, Haywards Heath.
5. We would also like to share with you our plans for the continuation of the patient and public involvement initiated as part of the consultation process.

1. The review of the Advanced Neonatal Nurse Practitioner Recruitment Process,

The recruitment process is still underway for these key posts. A decision whether the service can continue supported by ANNP's will be made by the five organisations in September. Members will recall that we believe a minimum of 11 whole time equivalent (WTE) ANNPs are required to deliver a safe and effective service. I can confirm that currently the workforce establishment is 7.8 whole time equivalent Advanced Neonatal Nurse Practitioners secured through extensive recruitment processes and incentives. BSUH has also hired the skills of a recruitment consultant to deliver the required numbers. Amongst the initiatives being utilised is a recruitment fair scheduled for this month and each qualified ANNP in the country has been personally written to with details of the service and the remuneration package available, which is highly competitive.

In the meantime, contingency plans based on the development of midwifery led units at the Princess Royal hospital (PRH) site and within Brighton & Hove are being developed to ensure that the current level of deliveries, i.e. 5,500, is contained within the local health economy. The next meeting of the Maternity Review Group is scheduled to take place on the 27th June to review the contingency options; they include both an interim plan and a long-term Capital solution to build additional capacity at the Royal Sussex County Hospital (RSCH) and within the community.

2. An update on the implementation plan of the move of the acute beds from the Brighton General Hospital site to the Royal Sussex County Hospital site.

The proposals to move acute beds from BGH are well advanced and the first phase of the BSUH bed reconfiguration project to facilitate this was implemented on June 19th. The subsequent clinical service moves will take place in a phased fashion between now and July 17th and are discussed in more detail under the Emergency and Elective Surgical section later in the document.

The plans will ensure that those who require acute services are accommodated within Brighton Sussex University Hospital sites and those requiring Intermediary and Non-Acute care are managed within the remaining 56 beds at Brighton General Hospital, which will subsequently be managed by South Downs Health (SDH), and the community.

The delivery of the plan is dependent on close working relationships to deliver a range of health economy wide service changes. For example, the target of reducing delayed Transfers of Care down to 20 across the health economy described within BCBP must be delivered. This will require consistent and open working relationships with all those involved. A series of action plans have been developed, which bring the target down to 20 by July and maintain this position, working towards single figures by April 2006.

A Project Manager has been appointed to oversee this complex series of initial moves within South Downs and the Brighton and Hove PCT. He will also oversee the long-term development of community services in line with the strategy of BCBP. A Project Overview document, as presented to South Downs Trust Board in May, is attached which summarises the immediate service changes and scopes the long-term vision these are attached as **Appendix 1**. More detailed plans are also available. The patient pathways underpinning the changes, as agreed by the clinicians, are attached as **appendix 2**

3. The changes to Emergency and Elective Surgical care at BSUH including breast surgery.

The plans to move emergency and elective care as described in the Working Document of Best Care Best Place are well advanced. These moves are integral to our overall plans and have been phased over a period of four weeks prior to the move of the Brighton General beds on 17th July.

The moves commenced on 19th June and will require speciality service changes to occur sequentially. This is an important phase of the project and is dependent on significant changes to medical staffing rotas, ambulance services and changes to diagnostic requirements. A detailed Project Plan with day-to-day activities required to achieve the timetable will be discussed in detail at the presentation. The implementation plans as presented to the BSUH Trust Board are attached as **Appendix 3**. These comprehensive series of actions are being overseen by a Project Manager to ensure that the delivery of these significant changes is consistent, responsive and well embedded.

The changes to Breast Care are still being developed with the emphasis on providing choice, if feasible, for women local to Brighton and Hove. Work is well advanced to ensure that the significant number of women who are admitted as an inpatient receive their care as day case surgery locally as opposed to travelling to PRH for inpatient care.

4. An update on the sustainability of the Accident and Emergency Department.

The Accident and Emergency Department at the Princess Royal Hospital will be sustained through these series of service changes. However the type of patients attending the department will change. The Department will continue to receive medical emergencies with all emergency surgical activity being diverted to the Royal Sussex County Hospital. This model of care has been tested and is based on national advice from the Emergency Care Collaborative and the Royal Colleges.

In order to further endorse the model and ensure its consistency with nationally recognised high quality, safe care we requested that Professor Sir George Alberti critique our model to ensure that it is 'future-proofed' against a series of variables. The meeting took place on 7th June and was well attended by clinicians, PPIF

Amanda Fadero
22nd June 2005
Project Director
Best Care Best Place

representatives, staff and managers. The meeting was recorded and the minutes of the meeting will be made available to members of staff and public on the BCBP website once Professor Sir George Alberti has approved them. Attached as **Appendix 4**, for the consideration of the committee is the draft unapproved record of the meeting. Sir George has also offered his presence at future meetings with the public and staff should this be desired.

Significant work has been undertaken with the Ambulance Services to ensure that patient flows and the impact on ambulance journeys has been thoroughly assessed. The ongoing management of unscheduled care is the subject of future discussions as is the business plan to support this development in line with BCBP

5. Ongoing Patient and Public Involvement

Following the close of the *Best care, best place* consultation, the Boards of the five local health economy organisations involved reiterated the need to maintain a high level of involvement and engagement in the implementation of the individual workstreams. This was supported at the stakeholder event held on 11th March 2005. Some of the specific recommendations from the stakeholder event aimed at improving communication and involvement were:

- More information and updates
- More media coverage
- Single Issue meetings
- Stand in Shopping Centres or similar
- Focus on social groups
- Resource packs and cascade process

In order to take these ideas forward and turn them into specific concrete actions, a workshop was held on the 16th May, involving PPI Forum members and NHS staff. This focused on reviewing who needed to be kept informed of the changes pertaining to each of the work streams, who needed to be further involved where there was the potential to influence implementation, and how both of these objectives could be achieved. From this a draft action plan was drawn-up.

So as to expand the skeleton plan and translate it into action, we invited the PPI Forums to comment, and help fill in the gaps, and we are currently waiting for their response.

A further workshop was held on 27th May, where the detailed workstreams were discussed and care pathways agreed. PPI Forum members were also present at that meeting, and contributed to the discussions.

Progress to date on patient and public involvement related to the workstreams:

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Best Care Best Place

- Reconfiguration (including unscheduled care, elective surgery and Brighton General Hospital).

A PPI Forum meeting was held in Hassocks with key members of BSUH staff to explain the changes. This was well attended by Forum members. A further meeting has been arranged for 12th July, which will also be advertised to the general public

PPI Forum members were invited to attend the meeting with Professor Sir George Alberti, the emergency care tsar, and were able to raise any concerns and clarify and outstanding issues at this time. Professor Alberti has also offered to make himself available to attend a public meeting to discuss the changes, and we will be trying to arrange this, subject to his availability.

A leaflet describing the changes to local hospital services has been produced and distributed throughout the central Sussex area. It has been made available in GP surgeries, dentists, community pharmacies, libraries and supermarkets, and will be distributed on a wider basis through local media publications.

Another patient leaflet has been produced describing the services that will be provided following the transfer of non-acute services to South Downs Health. South Downs have been working closely with patient groups, carers and community and voluntary groups, advising them on the detailed implementation plans leading to the transfer and asking them how they want to engage in the development of community and primary services in the medium to long-term. A meeting has taken place with local PPI forum members, representatives from voluntary sector organisations and local older peoples champion groups. From this meeting, a detailed action plan will be developed of how key audiences can influence the future development of Brighton general reconfiguration. This signals the start of a wider and more comprehensive involvement process for the reconfiguration, as outlined and committed to in the Best Care, best place consultation.

- Paediatrics and Maternity

The Maternity and Neonatal review group met on the 27th June, and ongoing patient and public involvement was discussed. There are three PPI Forum members on this group, and it was agreed that an update on progress would be produced after each meeting and sent to members of the public who attended the previous workshop, and members of the Mid Sussex Liaison Committee. Other changes – such as the new midwifery led model – would be widely publicised in the local media, and the press would also be invited to shadow an Advanced Neonatal Nurse Practitioner for ‘a day in the life of’ article.

- Developing primary and community services

A Programme of informing and involving patients and the public in the changes is underway. A presentation was given to the AGM of the Mid Sussex PPI Forum that described many of the developments locally, including a forthcoming musculo-skeletal service and the appointment of community matrons to better manage patients with long-term conditions. The local PPI group (Health Involvement Group) discussed recent plans for primary care premises development, and several patients have been involved in the detail of such facilities development. Ongoing implementation of *Best care, best place* has been discussed on several occasions with this group, as well as being a standing agenda item at public Board meetings. The new Intermediate Care facility, the Kleinwort Centre, opened in May, and there has been ongoing patient and public involvement during all stages of this development. A newsletter detailing all the changes affecting primary care services in Mid Sussex is being prepared.

Brighton and Hove PCT are funding a range of community & voluntary sector organisations to engage with communities and neighbourhoods, and get their feedback. They are currently in the process of developing guidelines for GP practices on how to form patient groups, and they have Local Implementation Groups working with Mental Health, Learning Disability and Substance Misuse service users to ensure their input into service developments.

Sussex Downs and Weald have circulated A&E changes briefing / leaflets and Brighton General Hospital changes briefing to staff, GPs, pharmacists, libraries and their PPI Forum. A locality user forum 'Health Matters' has been established at the Havens. Members include representatives from the PPI Forum, voluntary sector (including carers) and this forum discusses changes and potential developments. This group has had a general discussion about mechanisms for patient feedback including intermediate care. Havens representatives meet with other local forums (voluntary organisations, town councils etc) to brief and update them. This is the same for the Lewes locality.

A further public meeting is planned for late autumn in Peacehaven, in order to update people and discuss any further plans and developments. Outline plans for use of beds at the Newhaven Rehabilitation Centre and Lewes Victoria / Meadow Lodge in relation to neurological services and changes at Brighton General Hospital have been to the Sussex Downs and Weald PCT May public Board meeting.

The Central Sussex PPI/Communications group continues to meet on a regular basis to oversee the involvement agenda, and will continue to provide information to the Overview and Scrutiny committee on an ongoing basis.

Update on the development of Transport and the Business Case

The implementation of the recommendations of Best Care Best Place are complex and challenging and form part of a wider strategy to support care being delivered in the right place by the right person in a timely and efficient manner. Integral to the ongoing development of these plans is ensuring the workforce and the buildings are able to deliver these changes. Currently we are preparing a complex Business Case as part of the Government's process for securing Capital investment within the NHS. The aim is to have prepared the first draft for consideration by September.

Instrumental to ensuring that the new Service Models are implemented and patients, carers and staff can access services in a timely and appropriate fashion, is the provision of appropriate transport.

The Overview and Scrutiny Committee have previously considered the plans submitted by BSUH to support the proposed changes, however subsequently we have progressed our plans with our partner organisations.

The discussions have resulted in the establishment of a Strategic Transport Group. An invitation to the first meeting has been sent out. The aim is for this group to meet on the 22nd July to structure the work programme and to establish a Transport workshop in September to develop a three to five year action plan for the resolution of the transport requirements for BCBP. The draft invite to this meeting and the objectives for the group are attached as **Appendix 5**

Conclusion

The overview provided demonstrates core elements of the considerable work programme underway. The BCBP Project team is committed to the ongoing development of this project and welcomes the opportunity of discussing the plans and the progress on implementation with the Joint Overview and Scrutiny committee.

This paper only represents a summary of the position against the key areas with more detail and the opportunity for discussion being available at the scheduled meeting.