Health and Adults Services Scrutiny Sub-Committee 11th Dec. 2006

South East London Service Redesign and Sustainability Project

All Ward(s) /All Area(s)

Report authorised by: Dave Burn, Head of Scrutiny

Summary

The committee has been advised by Lambeth Primary Care Trust that NHS organisations in South East London are working together on a service sustainability review. This project is considering the future role and scale of acute and community hospital care and financial issues within the overall health economy of the SE London sector. This may mean significant changes to the way health and social care services are provided in SE London including a reconfiguration of hospital services and an increase in the range and volume of services provided in the community.

A briefing provided by the PCT - The Case for Change – Why do Health Services in South East London need to change? is attached. This sets out the background rational to the Service Redesign and Sustainability Project. The PCT has stressed its commitment to engage early in the process with the Health and Adult Services Scrutiny Sub Committee.

The overall project focuses on six south east London boroughs - Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark – and formal consultation is timetabled for April 2007. Re-modelling options may impact across borough populations. Consequently the potential exists for a future Joint Committee across affected borough health overview and scrutiny committees.

Recommendations

That the Sub Committee

(1) Notes the Case for Change statement

(2) Decides whether the committee has sufficient information to come to a conclusion as to whether the proposals are, or are likely to be, of a substantial nature for local health services and should be subject to further scrutiny.
Report history

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Background documents
THE CASE FOR CHANGE  Why do health services in South East London need to change?

1. Our services must be affordable.
   - We already have a £65m deficit, which we have to deal with and we are working hard to fix the immediate problem within the next year.
   - However, beneath this short-term financial problem lie deeper issues. The growth in NHS funding will slow sharply from 2008 but demand will continue to be strong.
   - The cost of providing healthcare, particularly drug costs, is rising much faster than inflation.
   - We have a range of services, and funding tied up in these services, that no longer match the health needs of our population. If we are to improve and extend services, we must shift resources so that they fund locally determined health priorities.
   - Over half of local PCT funding (more than £1 billion pa) is spent on hospital services. The cost of these has grown rapidly in recent years, especially the cost of emergency care.

2. We want to provide high quality services that are shaped by local people.
   - This means services will change as we listen and respond to what people say. For example, in the national consultation process Your Care, Your Health, Your Say people said that they want more informed choices about when and where they receive NHS treatment, and they want services closer to home.
   - Healthcare demand is increasing as people live longer and/or develop long-term health needs and conditions. For example, obesity and diabetes are increasing. People want services that will help them keep well, rather than deal with the problem when it’s too late.
   - Our communities are more informed and have higher expectations than ever before.
   - We want to increase the funding to develop improved community services for patients.

3. To have high quality and affordable services, we need to respond to wider changes, pressures and opportunities.
   - We will be offering services in new ways: for example through increasing clinical sub-specialisation, or with community matrons working intensively with GPs and patients to keep older people well and safe at home, and through practice based commissioning.
   - There are increased staffing costs linked to the reduced working hours of doctors under European legislation.

What will this mean for patients and services?
   - There are pressures, but there are opportunities too. And by making changes in response we will also bring about the real and cost effective improvements people want. So for example, we will be able to treat locally or at home many people who now go to A&E.
Community hospitals could offer creative ways to bring together health, social care and wider community services and help us focus more on wellness rather than sickness.

We want to invest in prevention and well-being, through more screening and early treatment for cancer and cardiac conditions and through better care for patients with long-term conditions.

This will mean that more routine services can be provided locally at home or in community centres that are more accessible to people who need them.

Many patients spend more time in hospital than they should. They don’t want this, and neither do we. We need to redesign our hospital services to ensure patients are admitted to hospital only when really appropriate and for no longer than is clinically necessary.

**WHAT WILL HAPPEN IF WE DON’T MAKE THE CHANGES?**

- We will get into deficit again and the situation will worsen.
- This will inevitably lead to unplanned cuts to services or a decrease in quality of service.
- We will not be able to invest in the types of services people tell us they want.

**HOW WILL WE MAKE DECISIONS?**

- Only after extensive consultation with patients, the public and NHS staff. All stakeholders will have the opportunity to contribute to the development of improvement proposals.
- The leaders of the health services in southeast London will work together, and with the public, to ensure that patients and their carers are at the centre of this change programme.