

Report of Scrutiny Committee stocktake investigation

Investigation title: **SCRUTINY STOCKTAKE INVESTIGATION INTO THE FORMER BETTER HEALTHCARE CLOSER TO HOME (BHCH) PROGRAMME.**

December 2013

Councillors :-

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INTRODUCTION

As part of the Scrutiny Committee's workplan it was decided that members would investigate the Better Healthcare Closer to Home (BHCH) programme. Although this long –running and quite significantly amended programme had reached a major concluding point with the dissolution of the Sutton & Merton PCT (SMPCT) in March 2013 some of its aims continue to inform and influence current work.

The committee recognised that it would benefit from an opportunity to understand the BHCH programme, what it originally aimed to deliver and what at the end of its 10 year life it actually did deliver. This would be useful for both current and future members in providing a background history to some significant changes to the delivery of healthcare across Sutton and South West London.

This report records and reflects on the information the committee found, reprises some of the work undertaken by the Merton, Sutton and Surrey Joint Health Scrutiny Committee from 2009, and offers a small number of recommendations particularly in terms of taking forward learning from BHCH into future major change / re-organisation proposals. It limits its consideration to those aspects of BHCH which affect Sutton.

BACKGROUND

This aims of the investigation as originally scoped were to

- Provide decision makers and members of the public with a more accurate and complete understanding of the history and legacy of the BHCH programme
- Determine whether any further investigative work is required.
- Determine whether future updates from Sutton CCG regarding specific aspects of the BHCH legacy are required.

The work undertaken in preparation for the committee's first evidence gathering session at its meeting on 11 December 2013 and the results from that session confirmed that in Sutton BHCH was effectively concluded and that those issues which continue to inform future healthcare organisational planning, such as Out of Hospital Care, are being addressed via initiatives such as the NHS Call to Action and the former Better Services, Better Value (BSBV) programme.

The outcome of the committee's research and discussions at the evidence gathering meeting are set out in the next section.

INVESTIGATION AND FINDINGS

History of Better Healthcare Closer to Home:

The committee received evidence from Dr Elliott, NHS Sutton CCG, and Dr Ellis Friedman, Director of Public Health LB Sutton. Dr Elliott confirmed that Better Healthcare Closer to Home was a Sutton and Merton PCT programme which was closed down prior to the demise of Sutton & Merton PCT on 31st March 2013. He stated that the two main workstreams within the BHCH programme were estates development and Out of Hospital (OOH) Strategy. The Estates Strategy in Sutton was completed on the opening of the Jubilee Health Centre in Wallington, while the OOH strategy continues as a CCG programme developed in parallel with the Better Services Better Value programme.

Following desktop research a report detailing the history of the BHCH programme was presented at the December 2013 Scrutiny Committee (see appendix A). The report identified the following milestones over the duration of the BHCH programme:

2005	First outline business case	Proposed a critical care hospital at the Sutton Hospital site, 5 local care centres and 2 intermediate care centres.
2005	Secretary of State direction	Instructed that a business case for the St Helier site be developed (rather than the Sutton site recommended by the business case).
2007	Programme director review	Proposed a critical care hospital at the St Helier site, plus 4 local care centres and 2 intermediate care centres. A LCC at Sutton hospital was deemed to be unviable.
2008/09	Second outline business case	Proposed St Helier Phase 1 redevelopment, plus 4 local care centres (one to be at St Helier) and 1 intermediate care centre (at the Wilson site in Merton).
2010	SMPCT stocktake of BHCH	St Helier Phase 1 redevelopment is not in scope. 4 options for Local Care Centres are developed including a 3 centre option that excludes St Helier. Status of intermediate care centre at the Wilson site is unclear.
2011	BSBV launched	With the introduction of the BSBV process, it becomes harder to establish clarity on the status of the St Helier Local Care Centre.
March 2013	BHCH comes to an end in Sutton	Sutton and Merton BHCH Programme Board dissolves itself. Merton CCG establish a Merton BHCH Programme Board. Sutton CCG continues the development of Out of Hospital strategy through the work of a 7 CCG OOH Programme Board (which feeds into the BSBV process).
December 2013	Apparent cessation of the BSBV programme	Sutton CCG continues the development of Out of Hospital strategy.

Two key themes in the evolution of the programme can be identified. First, the number and location of Local Care Centres (LCCs) changed over the course of the programme. While the 2005 business case had proposed 5 LCCs (including one at Sutton Hospital), the 2008 business case settled upon a 4 LCC model with new facilities to be built at Wallington, St Helier, and the Nelson and Wilson sites in Merton. The 2010 SMPCT stocktake introduced the option of a 3 LCC model, which would rule out a LCC at St Helier, but subsequent updates from SMPCT in 2012

reaffirmed the commitment to a 4 LCC model including a facility at St Helier. While the Wallington LCC is in operation (now known as the Jubilee Health Centre) and the construction of the two Merton LCCs is clearly in train, it does not appear that there is any ongoing commitment to a LCC at St Helier given that Sutton CCG has stated that the estates element of BHCH has now been completed: “The Estates Strategy in Sutton was completed on the opening of the Jubilee Health Centre in Wallington”.¹

Secondly, proposals around ‘intermediate care’ were a key feature of the BHCH programme. While much of what constitutes intermediate care involves home or community based interventions aimed at reducing hospital admissions/shortening stays, the idea of an ‘intermediate care centre’ was established in the 2005 business case, which called for 90 ‘beds’ split between Carshalton War Memorial Hospital and the Wilson site. The 2008 business case reduced this to 60 new beds at a single intermediate care centre on the Wilson site, but the 2010 SMPCT stocktake made no mention of such a facility and the 2012 SMPCT updates were similarly silent on the notion of an intermediate care *centre*.

Out of Hours Strategy

The view of Sutton CCG, (expressed to the December 2013 Scrutiny Committee), is that following the cessation of SMPCT and the BHCH programme board, the only unresolved legacy business of BHCH is the development of Out of Hospital (OOH) strategy. It is likely that ‘Out of Hospital’ and ‘intermediate care’ are very similar concepts. Further desktop investigation of the OOH programme following the December 2013 Scrutiny Committee reveals that the programme’s priorities include reducing A&E admissions and promoting independence, through introducing new community-based services, better care for long term conditions, and expanding outpatient services in non-hospital settings – all things that are consistent with the common definition of ‘intermediate care’. There is however no mention of an intermediate care *centre*, or intermediate care *beds* in the literature surrounding the OOH strategy.

In March 2013, Sutton CCG resolved to develop the OOH strategy via participation in the Out of Hospital Programme Board. This body brought together representatives from the 7 CCGs involved in the BSBV programme. Despite the demise of the BSBV programme in December 2013, Sutton CCG is continuing with it’s work developing an OOH strategy for Sutton.

Programme costs:

The December 2013 Scrutiny Committee sought to explore issues around the management costs of the BHCH programme including aspects such as: the level of budget, the amount spent, savings delivered and the value of any work which may inform future activity i.e. the development of the OOH strategy.

¹ Dr Chris Elliott, Note to Scrutiny Committee re: BHCH, 14 November 2013

At committee, Dr Friedman reflected on the difficulty in looking at these matters which include the effective freeing up of resources from care based on delivery from hospitals to care provided and delivered in the community. These financial questions will depend on the fruition of plans such as BSBV /NHS Call to Action. Dr Elliott agreed that some of the financial information was clearer for BSBV – as a more recent change programme – and that it was much less clear for BHCH. He felt that it might be possible to find some information in SMPCT legacy documents.

LBS officers have been unable to find any publically available documents indicating the programme’s total budget or total spend, however an earlier investigation by the Merton, Sutton and Surrey Joint Health Scrutiny Committee between October 2008 and February 2010 identified some indicative figures.

In a Joint Health Scrutiny Committee meeting of 2nd October 2008, Stephen Waring (BHCH Programme Director) and Samantha Jones (Chief Executive Epsom and St. Helier), responded to questions from members about programme management and timescales. The minutes record that the programme management costs to date were confirmed as being approximately £4m.

The Joint Health Scrutiny Committee subsequently carried out a ‘taking stock’ investigation into BHCH, with the final report published at the 16th February, 2010 meeting (see appendix B). This report stated that the cost of the autumn 2004 BHCH consultation had been £286k, and that a 2005 inquiry by the Princes Trust into the design of the proposed critical care hospital facilities at the Sutton Hospital site cost around £60k. The report highlighted how the BHCH programme avoided further costs by advising that the 2008 outline business case not be put out for formal consultation (a recommendation accepted by the Joint Health Scrutiny Committee).

It is not possible to break down into greater detail the remaining 90% of the apparent £4m programme cost. The Joint Health Scrutiny Committee report stated that “the committee has found it difficult throughout the duration of BHCH to get accurate information about the costs of the project”. Indeed, the report made a number of observations about the quality of programme management practice within BHCH and felt that these observations raised questions about value for money: “it is not clear that the use of programme management has been effective in BHCH in keeping the programme within budget and on time...The failure by the team to meet key aspects of programme management must represent a poor use of taxpayers’ money.”²

Specific comments related to staff numbers (“at various times the Committee has been critical of the NHS for spending too much on programme staff and at other times for not spending enough”), productivity (“At one point in the cycle, staff were being paid and there was very little output”) and turnover (“The Committee also saw evidence of skill shortages with a number of critical staff changes at programme

² Better Healthcare Closer to Home – Taking Stock, A Report of the Merton, Sutton & Surrey Joint Health Scrutiny Committee, December 2009

manager level”).³ The turnover in senior staff and the resultant loss in knowledge were major concerns such that the committee were moved to make the following recommendations:

- The NHS needs to ensure that staff on critical programmes are suitably rewarded for their commitment to the life of the programme and greater care should be taken in the selection of staff for key jobs and that these staff have the necessary time and support to commit to the programme.
- Critical data sources need to be kept refreshed in order to avoid delays in the formulation of projects and programmes.

These issues have continued to echo down over the years and support the conclusions of the Scrutiny Committee’s own investigation helping to inform the following recommendation.

Recommendation #1. The Sutton CCG and HWBB learn lessons from BHCH programme and financial management namely by ensuring that (a) there is full transparent and accessible budget and accounting at the commencement of any major change programme (b) that this is supported by regular monitoring at key milestones including both project and administrative costs and (c) that clear governance arrangements are established.

One of the Joint Health Scrutiny Committee report’s other conclusions that might have particular relevance for future healthcare transformation programmes related to the broad scope of the BHCH programme: “the wide scope of the programme has hampered its delivery...One of the lessons from BHCH may be that the whole-systems approach adopted was overly ambitious and that a more incremental approach which sought to deliver improvements in manageable chunks would have achieved more within the same time period”.⁴

Legacy documents:

During this investigation the committee has been concerned with the difficulty in securing proper public access to the documentation of the former PCT. The committee considered that arrangements should be in place to provide an archive of such documents and appropriate public access.

Recommendation #2. Sutton CCG and/ or NHS England identify the location of the archived documentation of SMPCT and arrange for it to be made available for proper public access by the Scrutiny Committee, other appropriate agencies and the general public.

³ Ibid.

⁴ Ibid.