

ENCLOSURE:

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REPORT TO	Briefing for Newcastle Under Lyme Health and Wellbeing Scrutiny Committee
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TITLE	Step up and Down "New Model of Care " Renamed "My Care My Way – Home First"
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DATE OF THE MEETING	Wednesday 30 th September 2015
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RECOMMENDATION	Approve	Assurance	✓	Discussion	✓	information	✓
That the Newcastle under Lyme Health and Wellbeing Scrutiny Committee accept this paper for information and as a basis for further discussion.							

PURPOSE OF THE REPORT
This paper provides a response to the committees' questions relating to My Care, My Way – Home First.

KEY POINTS/EXECUTIVE SUMMARY
<ul style="list-style-type: none"> North Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs) are considering how they commission community based services. They propose a "New Model of Care" renamed "My Care My Way – Home First" as agreed by patient representatives and other key stakeholders who form part of the working party forum. The model will see fewer beds than at present and would suggest that 37 beds at Longton Hospital no longer required due enhanced services in the provision of community care. This will be the focus of the consultation outlined within this paper. A communication strategy has been developed to engage with patients and public. Following the initial engagement phase in early 2015 further engagement with stakeholders has been underway for some months. To ensure a wider engagement audience a working party has been formed to shape engagement to include reaching minority groups and will shape the proposal moving forward A second phase of engagement commenced in June 2015 and will include formal consultation in Autumn/Winter 2015.

1.0 Context and Background

- 1.1 The local NHS wants safe, high-quality care for everyone in Northern Staffordshire and to reflect this there has been a steady investment in the range and quality of community health services (such as district nurses, intermediate care teams and specialist nursing teams).
- 1.2 This is to improve health services as a whole and prevent prolonged stays within a hospital bed and where clinically appropriate, unnecessary admission into acute hospitals.
- 1.3 New Model of Care – My Care My Way – Home First has been developed, putting the emphasis on community services tailored to the individual circumstances of each patient, improving choice and control over their daily lives, their personal care and dignity.
- 1.4 The proposals are based upon a ‘discharge to assess’ (D2A) model which is a proven success in a number of areas around the country. This process will enable earlier discharge by assessing the person once they are at home, and will be delivered through to the investment that the CCGs have made to provide more staff in the community. This model will provide comprehensive assessment and re-ablement during post-acute (hospital) care to determine and reduce long term care needs. One health professional will act as the main point of contact and assessment with input from other health professionals if needed.
- 1.5 The new model of care will support the patient’s journey from the point of acute (hospital) admission to discharge home, supported by a single organisation simplifying the complexity to ensure that the journey is integrated, smooth and trouble-free without the delays currently being experienced.
- 1.6 Patients will remain in the care of the acute team and experience less toing and froing by being moved from one service to another. This will result in improved and optimal health outcomes, a reduction in Delayed Transfers of Care, fewer assessments and the removal of duplication within the system. Ultimately this will result in an improved patient experience. There will be an increased emphasis on rehabilitation with a focus on supporting patients to be independent, and in control of their lives. By supporting people in their own homes this will be achieved, with community nursing and clinical support.
- 1.7 The modelling to support this model of care is outlined under section 2.1.3, however, it is likely that the successful implementation will result in a required reduction in the number of commissioned beds within the community hospitals bed base.

2.0 The Issue

- 2.1 Councillors have requested that North Staffordshire and Stoke on Trent CCGs attend the Newcastle Under Lyme Health and Wellbeing Scrutiny Committee on the 30th September 2015 to answer the following questions:
 - Could a clear breakdown be produced of how many beds will be closed at Bradwell Hospital? What date is this service expected to start?
 - Have enough District Nurses been recruited? If not, how many are still needed and what, if any plans are in place to support the service in the meantime?
 - What other services, health or social care, need to be in place for Step Up/Step Down scheme to be

effective?

- Are these services currently in place with enough capacity for the scheme to improve long term outcomes for patients
- Currently, what are the main causes of delay for patients who are medically fit to be discharged from acute beds at the Royal Stoke University Hospital?
- How will the proposed Step Up/Step Down scheme reduce these delays?

3. Could a clear breakdown be produced of how many beds will be closed at Bradwell Hospital? What date is the service due to start?

3.1 Currently the Community Hospital bed base has a total of 323 beds this is broken down as below:

- Bradwell Hospital 63 beds
- Cheadle Hospital 47 beds
- Leek Hospital 36 beds
- Haywood Hospital 140 beds (of these 63 beds are aligned to specialist services – stroke, neuro rehabilitation and Rheumatology, , these services will remain as is)
- Longton Cottage Hospital 37 beds

3.2 As the Step Up Step Down model of care is intended to prevent unnecessary admissions to hospital, facilitate more timely discharge and to discharge more people home first rather than into a community bed, there will be a requirement for fewer beds in the community once the model is embedded.

3.3 The modelling undertaken identifies that there will be the following capacity requirements following the full implementation of My Care, My Way. The modelling has been assumed based upon the current levels of complex discharges, with length of stay and bed occupancy assumptions against a phased approach:

- 110 step down beds at Bradwell and Cheadle hospitals (discharge from acute).
- 113 step up beds at Leek and Haywood hospitals (admission avoidance). As an interim measure and part of the transformational phasing, it has been agreed that Leek Hospital will support step down up to April 2016 and that in the interim, the 77 beds at the Haywood will provide the Step Up bed capacity.
- 1836 Step Down Intermediate Care packages (full year effect)
- 3009 Step Up Intermediate Care packages (full year effect)

3.4 In line with the modelling and the principles of 'Home First', there are currently 37 beds that would no longer be required. As such, the CCGs will be undertaking a formal consultation as outlined in this report on the future of these beds at Longton Cottage Hospital. However, it is recognised that there will be a requirement for an increase in Intermediate Care packages and potential further investment to ensure home first remains the default for both admission avoidance and discharges from a hospital setting.

3.5 The Step Down model of care will commence on the 1st November 2015. Bradwell Hospital will retain all 63 beds and will be run by the University Hospital of North Midlands as step down capacity for patients who need a period of rehabilitation or require assessment for a longer term residential or nursing placement.

4. Have enough District Nurses been recruited? If not, how many are still needed and what, if any plans are in place to support the service in the meantime?

4.1 North Staffordshire CCG and Stoke on Trent CCG £1,900,000 investment into District Nursing services to facilitate the increase in the District Nursing teams by 67.50 whole time equivalent (WTE) posts in line with the national benchmarks against contacts per WTE, caseload per WTE and WTE per registered 100k population.

4.2 In North Staffordshire, the investment supported the following posts:

- Workforce before investment – 105.4 WTE's
- Workforce after investment – 142.9 WTE's
- Additional 37.5 WTE's

4.3 In Stoke on Trent, the investment supported the following posts:

- Workforce before investment – 119.42 WTE's
- Workforce after investment – 149.42 WTE's
- Additional 30 WTE's

4.4 Current staffing levels as of the end of August 2015 are identified below:

Stoke on Trent CCG			
	CCG Contracted WTE	Actual WTE in post	Variance
Nurse band 8a	8.77	8.31	(0.46)
Nurse band 7	2.73	1.00	(1.73)
Nurse band 6 case manager	5.48	3.80	(1.68)
Nurse band 6	15.59	13.50	(2.09)
Nurse band 5	77.96	75.00	(2.96)
Nurse band 4	2.88	4.40	1.52
Nurse band 3	12.37	14.41	2.04
Phlebotomist	2.88	4.78	3.92
Admin and clerical band 3	3.84	3.80	(0.04)
Admin and clerical band 2	6.32	4.78	(1.56)
Agency Admin		1.61	1.61
Bank nursing staff		3.02	3.02
Total	138.85	140.41	1.56
North Staffordshire CCG			
	CCG Contracted WTE	Actual WTE in post	Variance
Nurse band 8a			
Nurse band 7	1.84	1.80	(0.04)
Nurse band 6 case manager			
Nurse band 6	15.95	17.01	1.06
Nurse band 5	70.43	58.51	(11.92)
Nurse band 4	4.60	5.40	0.80

Nurse band 3	22.09	17.91	(4.18)
Phlebotomist		2.00	2.00
Admin and clerical band 3		2.00	2.00
Admin and clerical band 2	10.07	5.45	(4.62)
Agency Admin		0.52	0.52
Bank nursing staff		1.13	1.13
Total	118.75	114.16	(4.59)

4.5. There remains a shortfall in staff within Northern Staffordshire but further interviews and recruitment drives are underway to ensure that the services are fully staffed moving forwards.

5. What other services, health or social care, need to be in place for Step Up/Step Down scheme to be Effective? Are these services currently in place with enough capacity for the scheme to improve long term outcomes for patients?

5.1 Commissioners are confident that the services have been commissioned to deliver the capacity required for the successful implementation of My Care, My Way – Home First. The modelling for the Step Down pathways has been undertaken by both commissioners and colleagues at the Acute Trust and the agreed set of numbers support the proposals within this paper and the engagement documentation for the overarching model.

5.2 Significant year on year recurring investment has been made in community services by Stoke on Trent and North Staffordshire CCGs from 2013/14 to date to facilitate the principle of ‘home first’ and admission avoidance. This investment was put in place on top of existing budgets across the Community and Mental Health providers. These investments are outlined below:

- £1,900,000 investment into District Nursing services to facilitate the increase in the District Nursing teams by 67.50 whole time equivalent (WTE) posts in line with the national benchmarks against contacts per WTE, caseload per WTE and WTE per registered 100k population.
- £4,865,000 invested within the Community Hospitals to support the recruitment of 6 WTE geriatricians, 12 WTE Advanced Nurse Practitioners and 43wte band 5 nursing staff to improve staffing levels and to manage acuity across all five community hospital sites.
- £1,300,000 has been invested into the Intermediate Care Team to support the increase in activity and acuity. This investment equates to an increase in 36.07WTE nursing and therapy staff to deliver the commissioned volumes of 3382 packages of care per annum.
- £650,000 investment into the Clinical Co Ordination Hub, assisting GPs, Community Services and West Midlands Ambulance Service in supporting patients at home to prevent and admission but to also facilitate discharges to the most appropriate place for the individual patient’s needs.
- £255,000 investment into the North Staffordshire Wellbeing Service (Improving Access to Psychological Therapies)
- £244,000 investment into the Community Triage Team to fund an additional 3wte Community Psychiatric Nurses across Stoke on Trent and North Staffordshire
- £198,000 investment into the Early Intervention in Psychosis Team

- £190,995 investment into Memory Services and Dementia support/advisory services (North Staffordshire CCG only)
- £2,500,000 investment into Primary Care to support proactive management and admission avoidance within Primary Care.
- **Total investments to support patients to both remain at home, and to ensure that home first remains the default following admission to a bed based setting equates to £12,102,995.**

5.3 As part of the process of reviewing services, the CCGs have considered published evidence, local hospital point prevalence studies and external expert opinion and are now seeking to commission these services in line with this best practice. Rising patient need and demand from an ageing population requiring support has historically been provided by bed based services. Services and patients have tended to rely on this model of care to meet demand. However there has been a shift in perception and a growing pressure for care to be delivered closer to the patient’s home, or indeed, at home.

5.4 As a result of this the CCGs have been investing in and will continue to invest in community, home based and patient centred services, including community nursing support such as district nurses and other specialist support. We are confident that the capacity we have commissioned currently and our plans for reallocation of resources into Intermediate Care and enhanced diagnostics moving into 2016-17 within Step Up community beds will provide us with the capacity required to safely deliver the new model of care.

5.5 In addition, both Stoke on Trent and North Staffordshire CCG continue to invest into social care through the Better Care Fund, S256 and S75. Through the delivery of the Step Down pathway, we expect that the need for long term, complex packages of care will decrease as the emphasis within the new model of care is on rehabilitation and home first remains the default position wherever clinically appropriate. The provision of domiciliary care in the short term remains the main cause of delayed transfers of care across the Local Health Economy and a full impact assessment is currently being undertaken by both the City and County Councils.

6. Currently, what are the main causes of delay for patients who are medically fit for discharge to be discharged from acute beds at the Royal Stoke University Hospital? How will the proposed Step Up/Step Down scheme reduce these delays?

6.1 As of the 14th September 2015, the numbers of patients who were medically fit for discharge currently within an acute bed at the Royal Stoke University Hospital were as follows:

Count of Pathway			Local Authority	
Current/Discharging Provider	Current/Discharging Division	Pathway	City	County
UHNM	External	Dom Care	3	1
		Intermediate Care at Home		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)	2	1
	Medicine	Dom Care	2	2
		Low Level Rehab	3	2
		Long Term Placement (24 hr Care)	5	5
		Fast Track / Palliative	4	
	Specialised	Dom Care	1	1
		Low Level Rehab	4	4
		Fast Track / Palliative	1	
	Surgery	Dom Care		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)		
	UHNM Total			27

6.2 However, across the Local Health Economy, the numbers of patients who are medically fit for discharge and awaiting a service on the 14th September 2015 are as follows:

Count of Pathway			Local Authority	
Current/Discharging Provider	Current/Discharging Division	Pathway	City	County
AMG	AMG	Dom Care	63	2
AMG Total			63	2
Community	Bradwell	Dom Care	2	4
		Long Term Placement (24 hr Care)		2
	Cheadle	Dom Care	6	1
		Long Term Placement (24 hr Care)	1	2
	Haywood	Dom Care	7	
		Long Term Placement (24 hr Care)	2	1
	Leek	Dom Care	3	
		Long Term Placement (24 hr Care)		1
	LIS		N/A	55
	Intermediate Care		11	
Community Total			32	66
UHNM	External	Dom Care	3	1
		Intermediate Care at Home		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)	2	1
	Medicine	Dom Care	2	2
		Low Level Rehab	3	2
		Long Term Placement (24 hr Care)	5	5
		Fast Track / Palliative	4	
	Specialised	Dom Care	1	1
		Low Level Rehab	4	4
		Fast Track / Palliative	1	
	Surgery	Dom Care		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)		
UHNM Total			27	20
Hilltop		Dom Care	7	
		Long Term Placement (24 hr Care)	7	
Hilltop Total			14	0
Grand Total			136	88

6.3 During 2014, commissioners undertook a review across all discharge services which identified that only 14% of all patients within the acute setting required some form of support or service upon discharge. The model has been based upon improving performance and patient outcomes with key performance indicators against a reduction in overall length of stay, a reduction in the number of assessments that are undertaken and a reduction in delayed transfers of care which are all key KPIs within the specification.

7. Engagement, Consultation and Time Table for change

Engagement

7.1 The first phase of the engagement commenced in December 2014 and involved the widespread sharing of a comprehensive briefing, developed with support from Healthwatch to targeted individuals including MPs, through the media, existing third sector, general practice and local authority networks. The briefing outlined the challenges faced by the health economy across Northern Staffordshire and included a focus on delivering more care closer to where people live. The briefing also set out an initial programme of drop in sessions at local hospitals to gain patient and public views. Representatives of the North Staffordshire and Stoke on Trent CCGs attended existing meetings of overview and scrutiny committees, patient groups,

voluntary sector and primary care localities. Alongside all of this activity interviews on local radio took place.

7.2 There have also been 24 Healthwatch events in August, venues included supermarkets, healthcentres, Bentilee Neighbourhood Centre and Longton Market. On the whole feedback on the core principles and ambitions of the “My Care My Way – home first” has been positive and well received although it should be recognised that this does not take into account the overarching view covering the proposals of the beds at Longton Cottage Hospital.

7.3 An online survey was also undertaken, supported by paper questionnaires. Phase one feedback had 261 responses with the key themes being:

- Patients benefit from being at home
- Patients prefer to be at home
- Support for the proposed model in principle

With the caveats that commissioners must:

- Ensure that there is capacity in community services to support this
- Reassure the public about the future of community hospitals
- Ensure that there will be support for spouse/family/carer
- Ensure patients will be followed up in the community
- Ensure that this is carefully implemented
- Ensure that the investment is made to support the changes to the model of care.

7.4 Engagement on the ‘My Care, My Way – Home First’ proposals will continue alongside the formal consultation on the future of the 37 beds at Longton Cottage, with plans in place to ensure a wider engagement audience a working party, including partner organisations and community and voluntary sector representatives. This will continue up to the end of December 2015.

8. Consultation

8.1 It is intended that a formal period of consultation is underway and began at 00:01 on 14 September, 2015. This consultation will focus upon the proposals for the permanent closure of the 37 beds at Longton Cottage Hospital. The consultation will run for 12 weeks until 23:59, 14 December 2015. The timetable and approach that the CCGs will be taking is outlined below:

Phase 1	14 September 2015 – ongoing	Start of formal consultation focusing upon gathering opinions and views regarding the permanent closure of the 37 beds at Longton Cottage Hospital
Phase 2	October – December 2015	Public Consultation There will be a minimum of four public events in the form of meetings and other public facing events held for the public. Representatives from the CCGs will attend meetings

		with stakeholders to present their proposals and receive responses.
Phase 3	December 2015 – January 2016	Review of responses by the CCGs
Phase 4	January – March 2016	Publication of the outputs from the Consultation

Phase 1 – Awareness from 14 September 2015

- To gain wide public, stakeholder and media awareness of the proposals relating to the permanent closure of the 37 beds at Longton Cottage Hospital
- To promote the consultation launch on 14 September 2015 to stakeholders and North Staffordshire and Stoke on Trent residents.
- A key element to the success of the consultation will be the awareness of consultees about its timetable, content and how they can participate and contribute their views. The credibility of the process is dependent on all local people, patients, staff and other stakeholders who want to participate, being able to do so. Therefore, it is of utmost importance that the CCGs focus on promoting the consultation process, how to participate in it, how to respond to it and to raise awareness of event dates and venues. All suitable channels will be used to drive awareness and participation in the consultation including public engagement meetings/community road shows, communicating online via the website, use of social media and email, and throughout the duration of the consultation, utilising the media.

Approach

- To issue a press release to mark the start of the consultation.
- This will be followed by 1:1 media interviews with CCG representatives
- Publication of proposals on the CCGs’ respective websites.
- Messages to stakeholders.
- As part of the engagement process the CCGs have already created a CCG/Patient Forum as an engagement group, chaired by the CCG consisting of members of the Patient Participation Group, Patient Congress, Healthwatch, voluntary organisations and others to ensure independent oversight of the engagement and consultation process.

Other communications on the day

- Staff Briefings - global email sent to all staff within UHNM and SSoTP and CCGs and all documents to be published on respective intranets to advise consultation has begun.
- Stakeholders – telephone calls to key players including MPs, Overview and Scrutiny Community Board (OSC)

Phase 2 – Public Consultation and engagement

- To engage and consult with the residents of North Staffordshire and Stoke on Trent on the proposal to permanently close the 37 beds at Longton Cottage Hospital.
- Manage media interest and enquires
- Monitor themes and issues arising and develop and implement responses as necessary
- Ensure effective running of the consultation and public, stakeholder and media awareness of its timetable, events and how to participate
- Identify and develop responses to unplanned issues/events
- Manage the conclusion of the consultation period and provide information about the post consultation

period.

Approach

- To use all available communication channels – website, email, twitter, media to promote the consultation and participation in it.
- To manage media enquiries and provide briefings the proposals and consultation materials.
- Use the period to identify key emerging themes of interest and/or challenge and develop appropriate responses and materials – briefings, factsheets, presentational aides, etc...as required.
- As the consultation progresses shift emphasis from participation in events to generating and receiving responses
- Provide information on how to respond and thus reducing time available to respond
- Development of proposals and materials for post-consultation phase

Phase 3 – Analysis of responses and refinement of proposals

- Understand the views of the residents in North Staffordshire and Stoke on Trent
- Use the responses to refine the final proposals and provision in the local community

Approach

- Use independent organisation to help oversee the review of responses to the consultation
- Share themes with stakeholders as they emerge

Phase 4 – Publication of the outcomes from the Consultation

- Publish the outcomes from the Consultation around the 37 beds within Longton Cottage Hospital
- Ensure local residents are aware of the outputs and next steps

Approach

- Publication of the outputs and next steps on the CCG's websites
- Copies of the outputs and next steps to be e-mailed to all stakeholders

8.2 It is important to note that no decisions on the community hospitals or beds have been made at this point. Commissioners will not pre-empt the outcome of any consultation, but it is unlikely that any permanent, major service changes will be made in 2015 in line with the proposals outlined within this paper.