



# **My Care, My Way – Home First**

Newcastle under Lyme Health and Wellbeing  
Scrutiny Committee  
Wednesday 30<sup>th</sup> September 2015

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# Background – My Care, My Way

- 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.
- The new model of care will support the patient's journey from the point of acute (hospital) admission to discharge home.
- There will be an increased emphasis on rehabilitation with a focus on supporting patients to be independent, and in control of their lives. Supporting people in their own homes will be achieved with community nursing and clinical support commissioned and in place to deliver the expected outcomes from the New Model of Care.

# Questions raised by the Committee

- 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 the 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?



# Capacity Modelling

The modelling undertaken identifies that there will be the following capacity requirements after the full implementation of My Care, My Way:

- 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
- 1836 Step Down Intermediate Care packages (full year effect)
- 3009 Step Up Intermediate Care packages (full year effect)



## How many beds will be closed at Bradwell?

- 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
- In addition, Stoke on Trent CCG also commission 30 Intermediate Care beds at Hilltop Nursing Home for which the contract will end on the 30<sup>th</sup> September 2015. These beds will remain in the system as longer term residential/nursing home beds moving forwards.
- In line with the modelling and the principles of ‘Home First’, there are currently 37 community hospital beds that would no longer be required.



# District Nursing numbers

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 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

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

Current vacancies across both teams are small and there remains a short fall of 4.59 WTEs.

# Capacity planning – what will be in place to deal with the shift in demand?

- 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.
- Significant year on year recurring investment has been already 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 and equated to a total of £12,482,995.
- The CCGs have commissioned the relevant capacity to support this model of care and will continue to work with our providers to ensure that this shift is realised.



# Engagement on My Care, My Way – Home First

- Briefings to all stakeholders
- Press releases and media engagement
- An online survey
- Question and Answer brief developed
- Engagement with local groups and individuals
- Engagement with Healthwatch and Patient Congress
- Representations from stakeholders
- Review of the evidence
- Contact to every local MP via email
- OSC engagement

There have also been 24 Healthwatch events in August, venues included supermarkets, health centres, Bentilee Neighbourhood Centre and Longton Market. On the whole feedback on “My Care My Way – home first” has been positive and well received.



Stoke-on-Trent  
Clinical Commissioning Group



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# Delayed Discharges of Care

- As of the 14<sup>th</sup> September 2015, there were 47 patients who experienced a delayed discharge from the University Hospital of North Midlands.
- There were also 224 patients across the Local Health Economy whose discharge was delayed from other services such as a community bed or Intermediate care with the majority of patients awaiting a domiciliary care package.



# Further Engagement on My Care, My Way – Home First

- Engagement on the ‘My Care, My Way – Home First’ proposals will continue up until the end of December 2015 alongside the formal consultation on the future of the 37 beds at Longton Cottage. This will include:
  - Engagement with a wider audience
  - Further stakeholder engagement
  - A working party, including partner organisations and community and voluntary sector representatives.
  - Engagement with nursing and residential homes
  - Further engagement with Primary care



# Plans for Consultation and timeframes

It is intended that a formal period of consultation will take place beginning on 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 One - Consultation

- To gain wide public, stakeholder and media awareness of the proposals relating to the permanent closure of the 37 beds at Longton Cottage Hospital

## 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.



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# Phase Two

- 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.
- **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
- Development of proposals and materials for post-consultation phase



# Phase Three

- 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 Four

- 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

# Next Steps

- 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.
- Dependant upon the outcome of the consultation in January 2016, commissioners will then engage further on a number of potential options for the site working alongside our stakeholder colleagues and patient groups following a full capacity and demand analysis.

