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CC: Cllr Elizabeth Shenton (Leader of the Council), Cllr Amelia Rout (Cabinet Member for Health and Well Being, Mr John Sellgreen (Chief Executive).

Dear Mr Warnes,

I am writing to you in you as the accountability officer for the North Staffordshire Clinical Commissioning Group (NSCCG), in my role as the Chair of the Health and Well Being Scrutiny Committee at Newcastle-under-Lyme Borough Council.

In your report to the last meeting of the NSCCG (7th September), you tabled an update regarding the implementation of “My Care My Way – Home First”. In this update you mention that wide ranging consultation and engagement supported the delivery of this plan (Paragraph 4.1). You report that as part of this implementation 108 sub-acute community beds across North Staffordshire have been decommissioned: 37 at Longton Hospital, 20 at Haywood, with 47 beds due to be decommissioned at Cheadle Hospital by the end of September 2016. You further report that point prevalence studies have been carried out at Cheadle, Leek, Bradwell and Haywood Community Hospitals, and alongside previous studies, demonstrate that the majority of patients occupying these beds do not require sub-acute care and would be better served in either a nursing home setting, or with suitable support in their own homes (Paragraph 4.3). Additionally, you report that 65 beds are to be decommissioned at Stadium Court, Hilltop and Abby Court Nursing Home (Paragraph 4.2). Finally, you mention that these facilities, commissioned as rehabilitative care, at community hospitals have become, in effect, “waiting rooms” for patients awaiting health and social care services to enable them to be discharged into their own homes.

Whilst the Health and Wellbeing Scrutiny committee recognise that pressures on acute care at present, we seek further clarification of the evidence based decision making being undertaken by the NSCCG in decommissioning rehabilitative care in the community hospitals across North Staffordshire. Specifically, we would be grateful if you could provide further clarity regarding the following points:

- 1) Could the NSCCG provide details of the ‘point prevalence’, and additional studies conducted at Bradwell hospital and mentioned as evidence to support the decision to decommission beds?
- 2) Could the NSCCG provide the committee with statistics regarding the patients that have occupied these commissioned beds over the past 12 months, including time occupied, referral mode (Acute vs Community), care level required (Acute, Sub-acute, Primary).
- 3) Has the NSCCG performed any impact studies regarding the knock on effect of decommissioning sub-acute beds at community hospitals on provision of beds at the Royal Stoke Hospital. Notably, is there any risk of ‘bed-blocking’ identified from decommissioning these beds, and as a consequence a cost comparison of provision of these community beds verses cost of delays in discharge of patients from acute service beds.

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- 4) Has the NSCCG commissioned any studies to identify the potential increased need for beds within the Nursing Home setting for patients that will be discharged from acute care, yet still require wrap around nursing home care? If so, could the NSCCG provide the committee with the details of such studies, and identification of potential costs of acquiring nursing home care for patients discharged into nursing home facilities.
- 5) Could the NSCCG provide details regarding the reasoning for decommissioning nursing home beds, against a backdrop of decommissioning sub-acute beds at community hospitals, with the potential knock on requirement of increased demand for nursing home beds.
- 6) Can the NSCCG provide the committee with any impact studies that have taken place to identify the potential increased pressure on the Staffordshire Social Services regarding the decommissioning of sub-acute beds at community hospitals, and potential increased costs in provision of in home care for patients discharged to home from acute care? The committee would appreciate any further details on the work carried out by the NSCCG in conjunction with partner organisations to ensure that once patients are discharged to their own homes from acute care, they received the support they require.
- 7) Could the NSCCG provide further details regarding the wide ranging and consultation and engagement conducted on “My Care My Way – Home First”? Specifically, you mention that such consultation supported the delivery of this plan. In the Consultation and Engagement Feedback Summary Report, published by the NSCCG, there are 261 survey respondents reported during phase 1, with a further 28 during the publicity event. Unfortunately, this report only provides a snapshot of the collated evidence from these engagement activities, and as a consequence it is difficult to ascertain how such responses can be construed as support for delivery of the plan. The committee would appreciate the NSCCG providing further details of the responses to the engagement survey and in particular the reasoning behind the interpretation of supportive for the delivery of this plan?

On behalf of the committee I would like to take the opportunity to express our thanks in advance for answering these questions and providing further clarity and evidence behind the decision to decommission the rehabilitative care beds in our community hospitals.

I look forward to receiving your response.

Best wishes,

Cllr Dave Jones  
Chair Health and Well Being Scrutiny Committee  
Newcastle-under-Lyme Borough Council

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