My Care My Way – Home First Implementation

ENGAGEMENT BRIEFING

The purpose of this document is to provide a background briefing for patients and the public who wish to get involved in influencing the decisions of NHS North Staffordshire and NHS Stoke-on-Trent Clinical Commissioning Groups (CCGs) in the implementation of the new model of care 'My Care, My Way – Home First'.

At present, some of the beds situated in Community Hospitals across northern Staffordshire are temporarily closed to new admissions and we do understand that this has caused concern amongst residents, patients and carers. Many people have made their views known via the media, their MPs, on social media and directly to the CCGs.

In this document, we aim to explain why the current position has arisen and would like to reassure people that no decision to close community beds or hospitals has been taken.

Between 1 November and 9 December we will be engaging with local people via an online survey and at community events to discuss what future services might look like and how we can reach a financially sustainable solution.

All suggestions made will be taken into consideration before any final decision is made.

This is the first phase of the implementation of the new model of care and any proposals regarding the future use of the community hospitals in North Staffordshire will be subject to formal public consultation early next year.

Across Staffordshire and Stoke on Trent there has been a historic over-reliance on acute bed based services with relatively high rates of non-elective admissions and a significant proportion of patients being discharged from this setting into community hospital beds to receive step down care and reablement.

In addition, acute hospitals have become somewhat dependant on community bed capacity to support urgent care discharge and flow.

The number of non-elective admissions to acute hospitals across Staffordshire is high. Clinical audits carried out locally (ECIP 2016) have mirrored national evidence showing that c30% could have been avoided if suitable primary and community care provision had been available. This is because:

- Work that could have been done in the community hadn't been, e.g. rehydrating dehydrated patients;
- Community step up alternatives for assessment or treatment are not available or available in a timely manner;
- Capacity constraints within General Practice.

The result of people waiting in NHS beds whilst more suitable provision is arranged is that their health can deteriorate, they can quickly lose independence and it becomes harder for them to return home. Beds become blocked; the system loses flow and the costs of providing care increases for health and social care organisations.

Evidence demonstrates that people recover more quickly when they are at home or in an appropriate care home environment as opposed to a hospital ward. Patients recover better if they wear their own clothes, have their personal items around them and regain a sense of independence. They also recover more quickly if they have access to appropriate rehabilitation, reablement and care packages that support their recovery. (Dr Ian Sturgess)

1. Model of Care

To address these challenges we propose to commission a new model of care. The approach outlined supports the delivery of the CCGs' vision of what this model of care would look like in line with the following:

- Patients would be managed in the community whenever possible through the use of integrated teams of health, care and voluntary sector personnel, using specialist help when necessary.

- This would require a shift of investment, to be delivered over the next five years with clear and defined workforce support and bespoke communications recognising that our clinical workforce are a precious resource that require protection.

- The shift of investment over the next five years would see a shift of workforce into community services which would need to be clearly defined and supported

- When people are admitted to the acute hospital they would receive early, senior decision making, speedy diagnostics and therapies so as to minimise their stay in hospital. This would include the provision of geriatric input within portals and the further development of the frail elderly assessment service (FEAS) geriatric assessment at the front door.

- Discharge patients 'home first' with discharge to a bed as an exception only when absolutely required

- Implementation of the Discharge to Assess programme to facilitate timely discharge and to ensure that patients are not placed in a bed unnecessarily whilst waiting for a package of care. This would enable assessment to be undertaken in the patient's home environment following a period of rehabilitation, rather than in the acute phase of an illness which is a more appropriate time to assess for long term care needs. This will reduce the need for beds for complex discharges with resource being diverted to community care.

2. Evidence Base

Clinical

In August 2016, a clinical audit was undertaken to identify whether the patients in the community hospital beds needed to be in hospital.

This study, carried out across the adult intermediate and rehabilitation beds open across our five community hospitals showed that the overwhelming majority of patients were receiving assessments or care that could be carried out at home or a care home or were waiting for another service.

The AIRS beds have been commissioned to provide bed based intermediate care and by exception assessment where there is an ongoing medical or nursing need. However, only 9% of patients across the AIRS beds on the day of the review met the criteria, with the rest waiting to go home with a social care service, intermediate care or overnight service, waiting for a care home bed or undergoing an assessment as follows:

- 9% were appropriate for a sub-acute AIRS bed
- 33% were appropriate for a bed in nursing or residential care home, as they were undergoing assessment or required rehabilitation, dementia or palliative care
- 40% should have gone home with no support or with domiciliary care, intermediate care, palliative care or home based dementia/mental health care
- 3% were appropriate for an extra care/supported living facility
- 15% required 24/7 continuing healthcare

The use of and reliance on community beds has not changed significantly over the last three years despite investments in community services. Evidence from the National Intermediate Care Audit over the last three years demonstrates that Stoke and North Staffs CCGs have nearly three times as many community beds per capita than the average, three times as many admissions to community beds and spend three times as much on community bed based care.

Financial

By meeting needs rather than filling community beds with people who do not require a bed, significant savings could be made and resources released to reinvest in the appropriate service:

- Average cost of an Adult Intermediate Reablement Service (AIRS) bed - £2,100/week
- Average cost of a nursing home bed with wrap around therapy support - £1,000/week
- Average cost of a nursing home bed - £700/week
- Average cost of a residential home bed - £600/week
- Average cost of home based intermediate care - £375/week
- Average cost of domiciliary care - £210/week

The CCGs spend £23.485m per annum on beds in Community Hospitals. As consistently demonstrated in clinical audits, most people are in the beds that do not meet the criteria for which they have been commissioned. Of this £23.485m, each year £13.2m is spent associated with people waiting for other services for example:

- 25% of patients in an AIRS bed at any one time awaiting a package of care – 552 patients - £6m
- 4% of patients in an AIRS bed at any one time awaiting an extra care/supported living placement – 72 patients - £1m
- 7% of patients in an AIRS bed at any one time awaiting a 24hr residential placement – 156 patients - £1.7m
- 3% of patients in an AIRS bed at any one time awaiting EMI stay at home scheme – 72 patients - £750k

As commissioners we are paying twice for care; once for the acute length of stay and then again for the community service, often a bed, that the patient was discharged into from the acute hospital. Almost 95% of patients are discharged from the community service within the trim point for the length of stay that the acute hospital is paid for. This double funding prevents the CCGs investing further in community services to support people at home

3. What patients tell us: My Care, My Way – Home First Consultation

The CCGs consulted on providing more care for people in their own homes, the consequence of which was that there would be fewer patients cared for in beds and the potential need for fewer beds

From December 2014 and throughout 2015 the first phase of engagement involved the widespread sharing of a comprehensive briefing, developed jointly with Health Watch, with local stakeholders including the voluntary sector, MPs and local authorities. The case for change and a report and supporting documentation detailing how the consultation was carried out and its findings and outcomes can be found on the CCGs' websites.

The consultation was carried out through public meetings and events, both specifically arranged and using existing meetings and events, an online survey and engagement with stakeholders including the local authorities, providers and patient groups. Attendance at the various overview and scrutiny committees throughout the process kept the local authorities engaged and informed throughout the process.

The outcome of the consultation was that people told us:

- They benefit from being - and prefer to be - at home
- They support the proposed model of care in principle
- But they want assurance there is capacity in community services to support this
- They want to be sure about the future of community hospitals
- They want effective support for every spouse/family/carer
- They want to know this new model will be carefully implemented and patients will be followed up in the community
- They want to know the investment is in place to support the changes

We agreed to:

- Consider consultation on any specific changes to services
- Publish a timeline setting out next steps
- Continue to consult other NHS bodies, councils and patient groups on plans for change

4. Current position

Investment in community Services

Over the past three years there has been significant investment in improving the range and quality of community health services such as district nurses, intermediate care teams and specialist nursing teams to make sure that support and care are based around the individual patient with the aim of delivering high quality care, closer to home.

Breakdown of 2016-17 investments included in the table below:

- Primary Care to support practices to proactively manage patients £500,000
- Primary Care Dementia Liaison Service £150,000
- Living Independently Service Staffordshire £1,300,000
- Stoke on Trent Reablement £1,100,000
- Additional Reablement for winter £600,000
- Nursing Homes £1,100,000
- GP Cover for Nursing Homes £175,000
- Therapy wrap around cover £60,000

Total investment in 2016-17 is £4,985,000

Investment Made	New Investment over the past three years	Result of investment
Primary Care to support practices to manage patients with more complex health needs and to support them in the community	£3 million	Practices have recruited staff to case manage and support patients with more intense needs to support within the community.
District Nursing Services	£1.9 million	Increase of 67 nursing staff within the District Nursing Service.
Intermediate Care	£1.3 million	Increase of 36 nursing and therapy staff within the Intermediate Care service.
Community Hospitals	£1m	Increase of consultants, Advanced Nurse Practitioners and nursing and therapy staff to deliver the step up model
Improving Access to Psychological Therapies, Psychiatric nursing and Early Intervention in Psychosis Team	£699,000	Increase of 10 nursing and therapy staff across the three services.
Community Triage for Psychiatric Nursing	£244,000	Increase of nursing staff within the service
Clinical Co-ordination Hub	£650,000	A co-ordination and capacity function that is clinically led to support decision making and to ensure patients receive the most appropriate service for their needs
Memory Services and Dementia support services	£340,000	To support the treatment and identification of patients with memory loss within the community and primary care
Living Independently Service Staffordshire	£1.3 million	To provide an additional 50 staff to deliver 1000 hours of care per week to reable and rehabilitate patients within their own homes following a hospital stay
Stoke on Trent Reablement	£1.1 million	An additional 900 hours of care per week to reable and rehabilitate patients within their own homes following a hospital stay
Step Down	£3 million	To increase therapy staff and intermediate care capacity
Total new investment	**£14.5 million**	

5.2 **Community Hospital Beds**

The situation at the moment is that some community beds in our 5 community hospitals have been temporarily closed to new admissions. These are temporary decisions which could either be confirmed as permanent decisions or reversed, depending on decisions which are made following patient engagement.

Our recent study showed that there was not sufficient demand for sub-acute intermediate care across the system to fill the beds at **Cheadle** Hospital, they were closed temporarily to new admissions on 1 September 2016 and all patients have been discharged to a more appropriate setting.

This was also the case with Jackfield ward at the **Haywood** Hospital, which has already been closed on a temporary basis to new admissions.

As a result of UHNM formally serving notice on the contract for **Bradwell** hospital an options appraisal was considered by the Governing Body on 4th October 2016.

The 63 adult intermediate rehabilitation service (AIRS) beds at Bradwell Hospital formed part of the Step Down contract commissioned from UHNM, along with the SPEED team and the step down element of intermediate care services. UHNM employs the staff delivering bed based service.

On 29th July 2016, UHNM wrote formally to the CCGs serving three months' notice on the Step Down contract at Bradwell Hospital. The notice was served in line with the terms within the contract.

The CCGs have subsequently been working with alternative providers to ensure that patients can be safely discharged to an appropriate alternative service and the beds temporarily closed to new admissions by the 28th October 2016.

The CCGs have commissioned additional capacity in nursing and residential homes and are working with providers to temporarily close the beds at Bradwell to new admissions and to ensure the safe discharge of patients to meet their needs. This is over and above the 93 AIRS beds and 40 specialist beds that remain in Community Hospitals.

Summary

- The result of people waiting inappropriately in NHS beds is that their health can deteriorate, they can quickly lose independence and it becomes harder for them to return home
- A number of people have been admitted to a community hospital bed who could have had their services more appropriately provided and at better value for money
- Over the last three years the CCGs' have invested significantly in community services but a significant amount of our money is double funding care and resourcing community beds.

- A number of community hospital beds are now temporarily closed and services are being reprovided in other settings, supporting the model of care outlined in this paper.
- One of the options for the CCGs is to plan to release more investment from community hospitals into additional services in the community.
- In our consultation `My Care My way, home first' we said we would engage further on any proposed changes to community services and hospital bed provision.

9. Next Steps

Patient and Public Involvement.

A one month period of public involvement to inform the public about the options for change and seek their views is planned commencing in November, with events and other opportunities for engagement having been planned across the health economy. Healthwatch are working closely with the CCGs to develop the format of these events to ensure that the questions asked are meaningful and that the answers can feed into and influence the overarching consultation on the future of community hospitals.

Difficult decisions will have to be made, but we have a continuing commitment to involve patients and local people to help shape the future services, leading up to final decisions being made by the Governing Bodies.

Longer term consultation

Taking into account the outcome of the engagement, consultation on the future of the community hospitals will be held between February and April 2017.

GLOSSARY

AIRS beds – Adult Intermediate Rehabilitation Service beds
UHNM – University Hospital of North Midlands NHS Trust
SSOTP – Staffordshire and Stoke on Trent Partnership NHS Trust
MFFD – Medically fit for discharge
UTI – Urinary tract infection
IV – Intravenous
LoS – Length of Stay
EMI – Elderly mentally infirm