Supplementary material:

This council has consistently supported the ongoing campaign to keep Bradwell Hospital a fully functioning community hospital with wards available for step up and step down care. The value of having specialist, NHS, staff providing such intermediate care and rehabilitation in Bradwell Hospital has repeatedly been highlighted by members and our residents.

The original reasoning for closing the community beds, under My Way My Care Home First, was that people prefer to receive care at home and that they become deconditioned when lying in hospital beds. The drive was also in response to the numbers of patients experiencing delayed discharge due to a lack of care at home.

NHS staff, unions, campaigners, councillors and residents all understood and agreed with the argument that care, when possible, was better at home. However, they critiqued the current logic due to the cuts in community care and difficulties in recruiting, for example, district nurses. Indeed, we have seen growing cuts in NHS community care and also within social care, another example being the loss of cardiac care nurses.

It is equally important to note that the award-winning, teams that worked at Bradwell Hospital before the 2016 closures were specialists in rehabilitation and intermediate care. This meant that patients did not suffer deconditioning because they were encouraged to get out of bed and wear day clothes, do their hair and be mobile. Bradwell had the facilities where a full assessment was possible in determining if someone was physically fit to leave full care.

Now, in 2019, concerns have repeatedly been expressed as to the efficacy and safety of the services implemented in place of functioning community hospitals under Home First and Discharge to Assess. Questions have also been raised regarding the high rates of readmittance following discharge, indicating people are returned home before they are physically fit and safe to do so.

In addition, whilst acknowledging people of all ages require intermediate care, the needs of our growing elderly population are a significant concern. The CQC Report: Staffordshire Systems Review – Report into Services for Older People noted that care home choice can be restricted and that quality varies. It also noted that some of our elderly resident's experience difficulties accessing suitable care and support in the community.

Residents in Newcastle value Bradwell Hospital as an accessible hospital, with good parking, modern feel and pleasant surrounds. The clinics run at Bradwell are heavily used and well thought of. The loss of the intermediate care, palliative care and dementia wards have caused hardship to local residents, physically, mentally and financially, as our casework has illustrated.

It is worth recalling that the original drive to close our community hospital, under My Care My Way Home First was severely criticised by councils in North Staffordshire and were referred to the Secretary of State for Health and Social Care. The resultant Independent Reconfiguration Panel report condemned the CCGs and stated they had failed to make the case for change. The report stated:

"The bed modelling presented to the committee in September 2015, has proved entirely incorrect and misleading"

Despite this damning report the CCGs have continued to pursue a complete reconfiguration of our local health service under a new consultation process: The Future of our Local Health Services (North Staffordshire) by Together We're Better, Staffordshire's Sustainability and Transport Plan partnership.

This consultation, by its modelling for 132 community beds, and stating a preferred option for care homes over community hospitals, de facto results in the closure of community hospitals without formal consultation.

The case for Bradwell Hospital being the site for the integrated care hub is as follows:

On the key benefits: Meets needs; clinical sustainability; quality car and national and local strategy Bradwell scores higher than the Milehouse LIFT, particularly in the categories "meets needs" and "clinical sustainability". Additionally, Bradwell has a greater number of clinical rooms which will aid the quality of care.

Bradwell scores lower in terms of accessibility but distance and score difference is very marginal.

Bradwell does cost more that the Milehouse LIFT but the difference in overall scoring is not large. Significantly Bradwell Hospital provides a greater return on investment than Milehouse LIFT

The case for Bradwell Hospital being the site for community beds is as follows:

Although all the hospitals require some investment Bradwell however does not require any capital costs to increase bed capacity (as is required for Leek Hospital with a cost of £11 772 691) as it already has sufficient of 64 beds capacity (and therefore the flexibility to manage surges in demand).

A common comment by reference groups was that Bradwell Hospital was difficult to access but analysis shows that the average travel time by car is broadly in line with other options. It should be noted that feedback in some groups was heavily partisan which will have weighted the feedback and may explain the contradiction.

It should also be noted that Bradwell Hospitals proximity to the Royal Stoke, which patients are used to travelling to, means that diversion to Bradwell is not a significant change. Additionally, the proximity of Bradwell benefits the Royal Stoke which have repeatedly required the wards to be re-opened during severe pressures.

The case put forward by the CCGs for use of care homes is complex, piecemeal and not robust given that it is dependent on private care homes which can vary from year to year in care quality and ownership. Indeed, since 2016 it has been the case that beds have been commissioned in care homes that subsequently have been found requiring improvement by the CQC and changes to plans required.

Noting that the Independent Reconfiguration Panel report commented:

"…the CCGs present plans that they simply do not carry through and make decisions that do not turn out as intended. They seem to have been overtaken by events and demonstrated a lack of both capacity and capability to implement major change with their partners."

It does not bode well that rather than a simple, one site option that centralises the services and staff the CCG are opting for an insecure, complex but cheaper model.