NHS
West Leicestershire
Clinical Commissioning Group

Leicestershire Partnership NHS
NHS Trust

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING

14 January 2014

Title of the report:	"Fit for Future": Community Health Services in Ashby
Section:	Public
Report by:	C Trevithick, Chief Nurse and Quality Lead R Bilsborough, Divisional Director Community Health Services, LPT
Presented by:	Dr Nick Willmott, Clinical Lead C Trevithick, Chief Nurse and Quality Lead

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	**examples**
Please state reason why this paper is being presented to the WLCCG Board	To approve the consultation document for the Ashby Community Health Services review
Discussed by	Comments provided on the draft consultation paper by Ashby Community Health Service Review Project Board members
Alignment with other strategies	Better Care Together
Environmental Implications	Potential impact on Ashby and District Hospital
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Comments provided on draft paper by Ashby Community Health Service Review Project Board members – including LPT, Healthwatch and PPG representatives, Patient Panel members, local GPs

Executive summary

Patients, Practices, Partners

In June 2013 West Leicestershire Clinical Commissioning Group (WLCCG) commenced a review of community health services delivered from Ashby and District Hospital (ADH). This paper provides board members with an update of the process to date and includes the draft consultation document for approval by WLCCG board members.

An agreement has been reached with Leicestershire Partnership NHS Trust (LPT) that the consultation will be undertaken jointly. This decision was made on the basis that the CCG decision regarding clinical service model will directly impact on the service delivery options for LPT.

1. National Policy and Local Delivery

Together, with colleagues in social care and across the breadth of health care provision in the area we are committed to making the changes necessary and adopting a consultative approach that ensures value for money is balanced against quality of service. The Department of Health and other Government Departments have recognised these challenges in the guidance they offer commissioners and providers in how to deliver services. In the guidance issued across health and social care to support planning for the next two to five years there is a clear expectation that CCGs, service providers, Local Authorities and other stakeholders will work together to deliver "Care Closer to Home". Financial levers are being applied to promote this approach.

Reporting and delivery support structures have been established; the multi-agency Health and Well-being Board is tasked with strategic oversight and the Better Care Together Programme Board has been established to share resources and monitor shared delivery of work across key workstreams.

"Fit for the Future" is aligned to these arrangements and in 2015 through the Better Care Fund f East and West Leicestershire's two CCGs will be in the region of £37 million to the development of integrated health and social care services. This is funding invested in the community to redesign services, improve patient experience by health and social care services working in true partnership and reduce the pressure on the acute services whilst ensuring we use our funding to the maximum efficiency. "Fit for the Future" supports the overall goal that by 2018, health and social care services will be fully integrated.

The key principles behind the Ashby Community Services Review are based on West WLCCG's Care Settings Strategy, as discussed at the board meeting in December 2013, these include:

- The integration principles from the "National Voices Public Consultation" are at the heart of what we do
- our goal is to continually seek to improve patients experience of healthcare
- improve the quality and outcomes of patient care
- deliver care closer to patients homes whenever possible and within reasonable costs
- maximise the use of the NHS estate (whilst minimising its size) and remove waste
- investments prioritised into services and staffing as opposed to buildings
- deliver equality of access to healthcare for the whole population of West Leicestershire
- harness advances in medicine to reduce reliance on specialist and acute care
- Align with other local organisations strategies using "Better Care Together" and the "Integration Transformation Fund" process to ensure best fit and best value.

2. The need for change

The primary challenge that both our local population and the Health and Wellbeing board set for WLCCG was how to respond to the ageing population and to pro-actively meet the changing health needs that this represents.

The population of West Leicestershire is ageing. However, the population is not uniformly ageing well and there are pockets of ageing and deprivation that present specific challenges at a very local level.

Ageing people require more support to get them home and keep them home after an episode of ill health and to rebuild their confidence to manage at home after they have experienced an acute illness. This need has required us to develop a service modernisation plan to respond to the needs of a large proportion of ageing people who have long term conditions and who live some distance from acute centres which have historically provided all forms of specialist care to the population.

Community health services resources, clinical, financial, staff and infrastructure are spread across multiple hospital sites and both organisations are therefore looking for an opportunity to develop ways to maximise the use of these resources.

3. Evidence for Change - Local Activity

The community hospital beds in Ashby are currently used by patients from across North and West Leicestershire. Of the 1,249 patients admitted in 2012/13, 745 (60%) came from LE67 postcode, e.g. Coalville, Ibstock and Markfield. In addition, residents of Ashby currently use the full range of community hospital beds across Leicestershire.

Analysis of data relating to delayed transfers of care in West Leicestershire Community Hospitals identifies that, on average 24 patients per month do not need to be in a hospital bed. There is clearly an opportunity for greater efficiency if systems and processes are addressed to ensure that these patients are discharged to their place of residence as soon as they are fit to do so.

Not only has analysis shown that the current system in effect can run efficiently with 24 less beds per month but there are inefficiencies in the system that cause delay in the patients moving through the system. The following, listed in priority, gives the main reasons identified for delays;

- Process delays – decisions regarding funding, identification of placements for next setting of care
- Waiting for Interim local authority beds
- Availability of services – inability to source appropriate services in the community or family not confident to receive the patient back home
- Patient choice regarding next care setting
- Equipment availability
- Waiting on housing adaptations

This analysis was recently added to by a study using a spot audit approach to consider patient flow in the system. WLCCG has a total community bed stock of 106 beds (excluding Ward 4 Mental Health Unit and Ward 1 Stroke Unit, Coalville Community Hospital).

In the five Community Hospitals of Ashby, Coalville, Loughborough and Hinckley all patients are routinely considered eligible for Intensive Community Support (ICS) and on the day of the audit the following was found:

- 23 patients were waiting for residential home placements (therefore should not be in a community hospital bed)
- 10 were awaiting packages of care
- 2 patients were waiting for a reablement bed to become available

- 7 patients had been identified as suitable for ICS but were awaiting a package of care commencement date prior to discharge
- A very small number of patients had refused to go onto ICS or accept an interim placement and escalation processes had commenced
- 1 patient was awaiting specialist equipment (bed)
- Other patients were medically unfit and were not suitable for ICS and required community hospital inpatient support.

4. What this means for New Ways of Working – Case Study

It is useful to use a patient case study to illustrate how the current delivery arrangements work and how they will work in the future.

Emma – a stepped care approach

Case study without a stepped care approach (old ways of working)

Emma is 89 and had to move to a care home. Before that she lived alone in her own home. She had been struggling to heat her home, get out and about and didn't always have food she wanted to eat available. Her home was not adapted, the carpets were worn and she had a lot of furniture packed into tight spaces. These things were precious to her and because she didn't get out much were becoming increasingly important and so her home was became progressively less habitable and safe for her to live in.

Emma became ill and had a fall. She was able to access step-up care in Loughborough community hospital. She stayed there for 36 days because she had to wait over a week before a community physiotherapist could see her at home, and there were also delays in arranging a package of care for her.

After two days at home Emma became ill again and was admitted to an acute hospital. After an extended stay in an acute hospital bed Emma was transferred to a nursing home where she remains now.

The West CCG 'Care Settings' approach clearly articulates how, using the new community focused early support approach, Emma would have benefitted from a step approach to the level of response in managing her circumstances. West CCG and LPT have been working jointly to develop and implement new and innovative models of care which man that patients such as Emma can safely remain in their own home for as long as is safely possible, and return home in a timely way when admission to an acute trust is required.

Case study using a stepped model of care (new ways of working)

Emma is 89 and lives in her own home. She had been struggling to heat her home, get out and about and didn't always have food she wanted to eat available. Her home was not adapted, the carpets were worn and she had a lot of furniture packed into tight spaces. These things were precious to her and because she didn't get out much were becoming increasingly important and so her home was became progressively less habitable and safe for her to live in.

Emma's GP was concerned about Emma, and through the regular multi-disciplinary meeting held in the practice asked a Clinical Co-ordinator (a highly experienced community nurse) to visit Emma to proactively assess her health and social care needs. Emma was visited the following day and admitted to the 'Virtual Ward' so that a comprehensive assessment could be undertaken in her home and a plan of care developed. She worked with social services who arranged for home adaptations and equipment to support day to day living.

Despite these interventions, six months later Emma developed a chest infection and had a fall. She was able to access step-up care in Loughborough community hospital. During her stay at

the hospital her chest infection was treated and she commenced a programme of rehabilitation. After five days the Advanced Nurse Practitioner who was looking after Emma decided that she was medically fit for discharge. Emma was discharged home the next day into the Intensive Community Support (ICS) service, where she was seen by the physiotherapy team twice a day until her rehabilitation goals were completed two weeks later. The same Advanced Nurse Practitioner who saw Emma in the hospital remained in charge of her care at home during this period.

For the first two nights at home, a new overnight nursing service was able to stay with Emma and assess her night team needs to ensure she was safe at night in her own home.

Through using funds from the Better Care Fund to invest in more integrated health and social care services, a package of care was arranged for Emma on the same day that she was discharged. She was initially visited three times a day, with the focus of the visit on supporting Emma to regain her independence. By the end of her programme of rehabilitation, these visits were reduced to once a day and Emma was safely able to mobilise to her kitchen and bathroom independently.

At the completion of the programme of rehabilitation, Emma's Advanced Nurse Practitioner discharged her back to the care of her GP. Emma's carer also had the number of the Clinical Coordinator so that if she became concerned about Emma's condition in the future she could quickly contact a health care professional to proactively reassess her needs.

5. Governance and assurance

5.1 External review – National Clinical Advisory Team (NCAT) and Gateway review

In September 2013 the Project Board received confirmation from the National Clinical Advisory Team that the information provided satisfied their requirements for a clinical case for change.

In October 2013 a Gateway Review was undertaken, this is a series of short, focused, independent peer reviews at key stages of a project or programme. The reviews highlight risks and issues, which if not addressed would threaten successful delivery.

The outcome of this review identified that the project had made good progress in establishing effective team working and an appropriate governance framework. A well regarded period of pre consultation engagement had been carried out which created a sound platform on which to move forward.

The main recommendation from the Gateway Review was to ensure that the strategic context for the change was clear. This work has now been undertaken and the Ashby Community Services Review is clearly embedded in the Care Settings approach, Better Care Together Plan and CCG/LPT two year plans. This has been subsequently shared with the Gateway Team.

5.2 Due Regard

The CCG consultation plan takes due regard to the nine equality strands that need to be considered comprising age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex (gender) and sexual orientation. Throughout the consultation process and beyond, all communications and engagement activities have been designed and implemented in a manner which incorporated engagement mechanisms, messages and communication channels to ensure that due regard is taken. The aim has been to ensure that the following groups are actively encouraged and enabled to have their voices heard during the consultation process and that any feedback received is taken into consideration by decision makers at the end of the consultation process:

5.2.1 Key channels used to support communication and engagement programme:

1 Direct marketing and e-marketing to the global database consists of 1,159 stakeholders including 222 marginalised and excluded groups
2 Face to face engagement through public meetings across West Leicestershire
3 Printed and online surveys including easy read versions
4 Information provided at practices and via GPs and practice staff
5 Information delivered through media and engagement through social media
6 Information delivered through partner organisations and mechanisms set up to engage with the nine protected strands including:
   - Reviewing organisations such as Overview and Scrutiny Committees and Health and Wellbeing boards
   - Representative organisations such as HealthWatch
   - Cultural organisations (both individual and collective)
   - Learning disability organisations
   - Disability support groups
   - Age support groups such as Age UK
   - Drug, alcohol and homeless organisations
   - Carers support organisations
   - Organisations supporting the deaf and visually impaired
   - Travellers support groups
   - Gay and transgender support organisations
   - Seldom Heard Groups

5.2.2 Pre-Consultation Engagement

Ashby Community Services Review Project Board

The Project Board reports to the WLCCG and LPT governing bodies and has been set up to pay due regard the Equality and Diversity Act 2010. Project Board members include a PPG chair and a member of HealthWatch Leicestershire to ensure that the patient and public voice is represented. The WLCCG governing body also has a lay board member representative for public engagement and a member of Leicestershire HealthWatch.

The Ashby Patient and Public Panel was also formed to pay due regard to the patient and public voice including marginalised and excluded communities. This panel is made up of 15 members ranging from 16yrs to over 70yrs. The purpose of the panel is to act as a critical friend to the pre –consultation engagement and public consultation process. During the pre-consultation engagement period the panel has met twice.

Additional pre-consultation activities to consider due regard
The listening booth was taken out into the community to encourage people to come and talk to members of staff and patient representatives providing face to face contact. During pre-engagement and consultation WLCCG spoke to members of the public and fed back their views on the Ashby Community Health Services Review. All feedback was collated and fed into the engagement and consultation process.

In conclusion, it is considered that the engagement process so far has sufficiently met Due Regard obligations, however this level of assurance must remain in place and recommendations must be implemented and continually acted upon with care and due diligence.

The process to date has been mindful of preventing discrimination and inequality, and the engagement process has been conducted in a manner which promotes equality and fosters good relations.

5.3 Impact analysis

Quality and health impacts assessments have been undertaken to ensure that the options do not adversely impact.

An initial travel impact analysis has been undertaken. Work will continue to be carried out to ensure that the board understands the risks and mitigations when the time comes to make a decision on the future of services from ADH.

6 Key stakeholder engagement

The Project Board have kept the Health Overview and Scrutiny Committee (HOSC) up to date with progress during the pre-engagement phase. In addition they have had the opportunity to comment on the draft consultation document, we have received initial feedback from HOSC members, however, formal feedback will be received once the consultation process starts.

Regular updates have been provided to both the local MP and to the North West Leicestershire District Councillors who have provided feedback for the Project Board that has been taken into consideration in the development of the consultation document.

Healthwatch is represented on the Project Board and has being integral in informing the clinical case for change and consultation document.

NHS England Regional and Area Team have been provided monthly updates regarding progress during the pre-engagement phase. In addition they have had the opportunity to comment on the draft consultation document.

7 Outcomes

Based on the key principles have been identified by the CCG for future models of care as described in Section 1, the following five areas have been identified as outcome measures for the review to ensure that the future options impact on the wider CCG strategy:

- Improved patient and service user experience
- Increased provision of care closer to home
- Reduction in delayed transfers of care
- Reduction in emergency admissions

8 Timescale

Jan-14	Options paper and Consultation Document sign off by CCG Board – 14.01.14
	Options paper and Consultation Document sign off by LPT Board – 31.01.14
	Start of consultation – 03.02.14
Apr-14	End of consultation – 04.04.14 (9 weeks consultation)
	Analysis of findings and development of business case for boards
	Stakeholder discussions re findings: Patient and Public Panel, Health Overview & Scrutiny Committee
	Project Board update
May-14	Recommendation paper sign off by Project Board – by 01.05.14
	Decision by CCG Board – 13.05.14
	Decision by LPT Board – 29.05.14

9. Application of the Secretary of State's four tests for reconfiguration to the "Fit for the Future" review

David Nicholson, NHS chief executive, issued a letter in July 2010 with guidance on service configuration and the use of four tests for service change which require existing and future reconfiguration proposals to demonstrate. The four tests are:

- Support from GP commissioners
- Clarity on the clinical evidence base
- Strengthened public and patient engagement
- Consistency with current and prospective patient choice

This paper assesses the "Fit for the Future" review from its commencement in June 2013 up to the proposed commencement of public consultation on service change.

9.1 Test 1: Support from GP commissioners

The chairman of West Leicestershire CCG is a GP practising in North West Leicestershire, the locality which covers Ashby, the subject of this review. In addition, the board includes 10 GP members, with designated special interests and representing the four localities which make up the CCG. The board has received updates in both public and private sessions during the run-up to consultation. The final decision on whether to proceed to public consultation will be taken by the full board in November 2013.

Regular updates have been given to the North West Leicestershire locality meeting, to which all local GPs are invited, on the progress of the review. Additionally, Ashby GPs are full members of the project board. The project board for the review is chaired by a GP board member who is the designated clinical lead for the project. This ensures full continuity between the project and CCG board discussions. In addition, other clinicians are represented at both project and board level through the Chief Nurse and Quality Lead who is the senior responsible officer (SRO) for the project. All project board meetings have been chaired either by the SRO or clinical lead. A GP representative is required for the project board to be quorate.

The GP clinical lead and SRO led key meetings with stakeholders on behalf of the CCG including a public engagement event in July attended by more than 60 people and an all member briefing with North West Leicestershire council.

Outside formal board and project meetings, project team members have held discussions with local GP practices potentially affected by the change, to ensure their full involvement and support for the review. For example, the North West Leicestershire locality lead participated in a workshop to consider the project scope. One of the findings of this workshop was that local GPs wished to be central in the review as it progresses, particularly in supporting discussions with patients and the public and the locality lead is keen to be proactively involved in this.

9.2 Test 2: Clarity on the clinical evidence base

In developing its overarching commissioning strategy, one of the key strategic priorities for West Leicestershire CCG was to "make the most of the five community hospitals" within the area. These are Loughborough Hospital, Coalville community hospital, Ashby Hospital, Hinckley and District Hospital, and Hinckley and Bosworth community hospital.

In 2012 a decision was taken to review these five hospitals and a set of objectives to be achieved was agreed as:

i. meeting changing health needs of the population and responding to concerns about the growing elderly population
ii. ensure future services secure continuous improvements in the quality of care provided
iii. Maximise appropriate care provided from community hospitals
iv. Ensure estates are well utilised and fit for purpose
v. Improved value for money
vi. Harness advances in medicine to reduce reliance on secondary care
vii. Respond to changes in the wider health economy

Within this overarching context, the Ashby community health services review entitled "fit for the future" was commenced.

An initial period of information gathering about community health services in Ashby culminated in a clinical workshop on 4th July 2013. This was attended by a broad cross-section of provider and commissioner representatives, both clinical and managerial. The workshop received detailed information regarding service models, patient activity and utilisation of Ashby hospital. The CCG deputy chair and the clinical lead for the review led a discussion which considered the following four questions:

- what is the goal we are working towards for community health services in Ashby?
- What is the reality of current services?
- What are the potential options for us to consider?
- What could we do and is there a clinical will to do it?

The outcome of the workshop led to the production of a draft clinical case for change which, together with local demographic information, was submitted to the National Clinical Advisory Team (NCAT) who had agreed to undertake a desktop review at this early stage of the project.

Whilst awaiting NCAT feedback, discussions and engagement with clinicians and wider stakeholders continued over the summer period.

An initial feedback report from NCAT was received dated 13th of September 2013. The SRO and GP clinical lead met Dr. Chris Clough head of NCAT and Dr Claire Nicholl, the clinical reviewer on 3rd October 2013. The outcome of the meeting was supportive and positive, and gave advice on the strengthening the clinical views across the area potential approach to be taken during any consultation. The CCG received formal written feedback from NCAT supporting the clinical case for change on 4th November 2013.

David Nicholson's letter of July 2011 setting out the four tests suggests that CCGs considering service reconfiguration may "*find it helpful to seek the early view of OGC Gateway and/or NCAT. This may help to optimise efficiencies, further strengthen evidence and proposals, or identify issues that would benefit from further exploration and resolution."*

During October 2013 the CCG has consulted both NCAT and Gateway on the "Fit for the Future" review. Both have resulted in helpful feedback which is being incorporated into future proposals, prior to the respective Boards being asked to take a formal decision on public consultation. The Gateway team has recommended a further review following public consultation and prior to implementation, estimated for spring 2014.

Assessment of compliance against test 2: based upon

- **clinical engagement to date**
- **arrangements for on-going clinical input**
- **NCAT and Gateway assessments (subject to the CCG responding to their recommendations)**

9.3 Test 3: Strengthened Public and Patient Engagement

During 2012 the CCG undertook a review of its community hospitals. This included clinical, patient and public engagement including three public events and a questionnaire completed by 372 people identifying priorities for community hospitals. The outcome of this engagement provided a starting point for engagement on the “Fit for the Future” review.

The chair of HealthWatch and a member of the Ashby Patient Participation Group (PPG) both sit as full members of the project board. HealthWatch representatives have also contributed to supporting discussions, such as those to identify potential models of care for the future.

During summer 2013, extensive involvement and engagement has taken place. This has included a public engagement event in July, attended by over 60 people, a further questionnaire specifically relating to Ashby community services, a “listening booth” attending many public venues to gather public opinion and project members attending meetings of “seldom heard groups”.

The CCG has convened a patient and public panel to support the process.

The SRO and clinical lead, supported by the project team, met with an all-member panel of North West Leicestershire Council to discuss the “Fit for the Future” review

Information has been made available to the health overview and scrutiny committee (HOSC) throughout the early engagement period. A face-to-face meeting is planned; in the meantime officers have been briefed on the progress of the review throughout the summer.

Communications professionals across the potentially affected organisations have met on two occasions and are coordinating their approaches.

The following assessments have been undertaken and will inform final proposals for future service configuration:

- health impact assessment
- quality impact assessment
- equality impact assessment
- travel impact assessment

some of these will need to be revisited as greater detail becomes available.

The Gateway review conducted in October 2013 stated “*a well-regarded period of pre-consultation engagement has been carried out which has created a sound platform on which to move forward*”

Assessment of compliance against test 3: in view of the extensive engagement undertaken and the positive assessment by the health Gateway team,

9.4 Test 4: Consistency with current and prospective patient choice

A central principle underpinning service reconfigurations is that patients should have access to the right treatment at the right place and at the right time. Services should be:

- locally accessible wherever possible
- centralised where necessary to improve both quality of services and patient experience.

When asked about community health services during the 2012 engagement exercise, people said that the following issues were very important, in this order:

- The quality of care
- Public transport links
- Car parking for patients, carers and relatives
- Value for money - effective use of buildings, equipment and healthcare services.

The major components of care affected by the “fit for the future” review are:

- Inpatient rehabilitation (predominantly step down from acute care)
- outpatients
- therapies – MSK
- nurse led clinics and services delivered by staff based at Ashby hospital

The choice open to patients currently varies between the above four categories of care.

The range of service options for rehabilitation range from care at home, via one of the relatively new community models (proactive care or intensive community support) through step down care in one of the community hospitals (depending upon bed availability), to continued stay in an acute hospital bed. The challenge faced by the CCG is how best to meet this rising demand within resources, whilst offering choice to patients. Patients admitted to Ashby hospital can come from any area of Leicestershire.

For outpatients, the majority of people within the catchment of Ashby hospital already travel to other hospitals, predominantly to Burton hospital which offers a wide range of outpatient clinics. Ashby hospital offers a limited range of outpatients. Even for patients who attend Ashby hospital, a subsequent attendance at another hospital is sometimes required for necessary follow-up tests. The number of outpatient attendances is small and diminishing.

MSK therapy services are heavily subscribed and access to them is generally determined by waiting time rather than location. As currently configured, supply is not meeting demand and new approaches to commissioning these services are being considered.

Nurse led clinics and hosted services are currently delivered from Ashby hospital, as well as in patients’ own homes. The location of staff does not in itself determine where care is delivered, and therefore any change in staff base will not impact on patient choice. LPT, in partnership with the CCG will develop a local satellite base In Ashby to ensure that existing outpatient activity continues to be delivered close to the residents of Ashby.

The CCG is committed to ensuring that care is delivered in the right place at the right time for patients. Whilst the current pattern of care is safe, it is not sufficiently flexible or available in sufficient volume to meet this aspiration. This is one of the principal reasons for the “fit for the future” review. Any consultation will set out the proposed models of care with the ambition of at least sustaining current choice and ideally extending it.

Assessment of compliance against test 4: current patterns of care offer varying degrees of choice for patients, largely determined by availability. Given the current configuration of services, predicted future demand is likely to constrain choice further rather than enhance it. The work of the review to date is driven by a desire to enhance choice. An on-going assessment of the choice aspect of proposals will need to be made during and after public consultation if this goes ahead.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group is requested to

- approve the consultation document “Fit for Future”: Community Health Services in Ashby
- delegate authority to the Clinical Lead and SRO to agree any final amendments following LPT’s Board discussion and

- agree that Secretary of States four tests are met.