

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

12 May 2015

Title of the report:	'Fit for the future' – review of community health services in Ashby: Progress Update
Section:	Delivery
Report by:	Rachel Bilsborough, - Divisional Director Community Health Services Division
Presented by:	Caroline Trevithick, Chief Nurse & 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:	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To keep the Board updated on progress regarding Ashby Hospital
Discussed by	LPT Board April 2015
Alignment with other strategies	2012/15 Commissioning Strategy 2013/14 Integrated Plan
Environmental Implications	None Identified
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	

EXECUTIVE SUMMARY:

1. During extra-ordinary board meetings on 27 May 2014, West Leicestershire Clinical Commissioning Group (WL CCG) and Leicestershire Partnership NHS Trust (LPT) boards agreed to change the model of care for Ashby community health services. This will result in the closure of Ashby and District Hospital (ADH). It was agreed at these meetings that a set of indicators should be developed to enable WL CCG and LPT boards to receive assurance that conditions outlined in the paper are met, namely:
 - that suitable services are in place to allow the safe closure of the beds by October 2014;
 - that progress is being made on the option appraisal for the relocation of other services delivered from ADH.
2. This paper provides a progress update to WLCCG Governing Body Board regarding performance against the indicators approved at the WLCCG Board in June 2014 and reviewed at the WLCCG Board in August 2014, progress in relation to the implementation of new services developed to mitigate the closure of in-patient beds at ADH, an update in relation to the relocation of other services currently provided from ADH, and consideration of wider system interdependencies, in particular Better Care Together (BCT).
3. The paper sets out a number of qualitative and quantitative indicators which demonstrate that work to transform community based health and social care services over the last 18 months provides a solid platform on which to mitigate the closure of 16 in-patient beds at ADH.
4. Following this second review of performance against key indicators, WL CCG and LPT are in agreement that performance of current and new community services, alongside a statistically significant reduction in length of stay in four of the seven County community hospitals supports the decision to permanently close the in-patient beds at ADH.
5. The paper acknowledges that some local residents in Ashby remain very concerned about the viability and sustainability of the model of care and the closure of ADH, and notes that BCT work to develop a system capacity model is designed to determine the bed and other capacity required by different parts of the system in order to deliver services in a sustainable way.
6. It is apparent that steady progress is being made towards relocating other services provided from ADH; it is expected that there will now be a pause whilst Heads of Terms are signed and planning consent secured by LPT. It is proposed that a further progress update in relation to relocation of these services comes to WLCCG Board in October 2015.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group is requested to:

- | | |
|--------------------------|---|
| RECEIVE ASSURANCE | that performance against the key indicators has been maintained or improved, and new services implemented as planned |
| NOTE | that measuring performance against key indicators will revert back to routine operational performance management systems within LPT |
| NOTE | the LPT position regarding Ashby Hospital |

TRUST BOARD – 30 APRIL 2015

**'FIT FOR THE FUTURE' – REVIEW OF COMMUNITY HEALTH SERVICES
IN ASHBY**

PROGRESS UPDATE

1. Introduction/Background

- 1.1 During extra-ordinary board meetings on 27 May 2014, West Leicestershire Clinical Commissioning Group (WL CCG) and Leicestershire Partnership NHS Trust (LPT) boards agreed to change the model of care for Ashby community health services. This will result in the closure of Ashby and District Hospital (ADH). It was agreed at these meetings that a set of indicators should be developed to enable WL CCG and LPT boards to receive assurance that conditions outlined in the paper are met, namely:
- that suitable services are in place to allow the safe closure of the beds by October 2014;
 - that progress is being made on the option appraisal to relocate the other services delivered from ADH.
- 1.2 In July 2014, Trust Board received a paper which set out performance against an agreed set of key indicators. It was agreed that the performance of community services which have been developed as an alternative to in-patient beds met the conditions referred to above and were sufficiently robust to allow the closure of the in-patient beds at ADH. In patient beds at ADH subsequently closed in October 2014.
- 1.3 In October 2014, Trust Board received an update on progress regarding the options appraisal for the relocation of other services provided from ADH.
- 1.4 In November 2014, Trust Board approved the option appraisal and business case for the relocation of remaining services provided from ADH.

2. Aim

- 2.1 The aim of this paper is to update Trust Board in relation to:
- performance against the indicators approved at Trust Board on 26 June 2014 and reviewed at Trust Board on 31 July 2015;
 - progress with regard to the implementation of new services developed to mitigate the closure of in-patient beds at ADH;

- the relocation of other services currently provided from ADH;
- wider system interdependencies, in particular Better Care Together (BCT).

3. Recommendations

3.1 Trust Board is recommended to:

- **RECEIVE ASSURANCE** that performance against the key indicators has been maintained or improved, and new services implemented as planned;
- **DISCHARGE RESPONSIBILITY** for measuring performance against key indicators back to routine operational performance management systems;
- **APPROVE** the marketing of ADH once Heads of Terms for alternative accommodation have been signed, and planning consent at Hood Park Leisure Centre secured.

4. Discussion

4.1 Indicators

In line with the paper presented in July 2014, each indicator will be analysed in turn.

4.1.1 Intensive community support (ICS) service – bed occupancy data to ensure that there is capacity to admit patients when required

In July 14, it was noted that the average ICS occupancy over the first 6 months of the year was 85%. It is considered that target occupancy of 90% is appropriate, and a spot check of ICS occupancy in February 2015 confirmed that on average 90% (43 of the 48) ICS beds in WL CCG were occupied. Across LLR, there are 138 ICS home based (virtual) beds and between Dec 2014 – Feb 2015 average ICS occupancy has been 90%. This means that in WL CCG the ICS service continues to be well utilised and there continues to be capacity to admit patients when required.

4.1.2 WL CCG Virtual Wards – bed occupancy data to ensure that there is capacity to increase the number of patients when required

In July 2014, it was noted that overall average occupancy of the virtual wards from Sept 13 – April 14 was 76.6%, which equates to 38 patients per virtual ward. The virtual wards have been commissioned against a capacity of 50 patients per virtual ward. It is considered that target occupancy of 85% is appropriate.

Between Dec 14 – Feb 15, average virtual ward occupancy has been 78%. Further work is required to increase the number of people at high risk of admission being supported by this service. WL CCG and LPT are currently working together to review the service model.

4.1.3 In reach care home teams – number of homes supported by team per month

In July 2014 it was noted that following the implementation of this scheme there had been reduction in the number of acute admissions from care homes in West Leicestershire (see appendix 1)

During 2014-15, WL CCG have continued to report a decrease in the number of emergency admissions from care homes in comparison to 2013-14, and although it is not possible to demonstrate direct cause and effect or statistical significance, it is considered that this scheme will have contributed to the reduction.

4.1.4 Domiciliary therapy services – reduction in waiting times/increased activity on April 2013 baseline

In November 2013, WL CCG provided additional investment in domiciliary therapy services. 2013-14 outturn activity in WL CCG's was 41,917 contacts. In February 2015, 57,164 contacts have occurred with an estimated outturn position of 62,360 contacts (a 49% increase). There has been a marginal increase in WL CCG domiciliary therapy waiting times in February 2015 (see appendix 2); however the investment has resulted in a significant reduction of WL occupied bed days in Queen Elizabeth Hospital, Burton (see 4.1.5).

4.1.5 Reduction in length of stay Queen Elizabeth Hospital, Burton

In July 2014, it was noted that in West Leicestershire, the average length of stay for all admissions at Burton Hospital had reduced from 2.43 bed days in 2012/13 to 2.30 bed days in 2013/14. Between November 2013 and March 2014 the average length of stay was 2.23 bed days.

The investment in domiciliary therapy services described in section 4.1.4 has continued to enable additional LPT therapy staff to actively 'pull' West Leicestershire patients from the intermediate care beds in Burton Hospital into home based rehabilitation, thus contributing to the reduction in length of stay.

The chart in appendix 3 shows an increase in domiciliary contacts from November 2013 as a result of the additional investment in the domiciliary therapy service. The number of intermediate care bed days utilised continues to reduce from November 2013 onwards.

4.1.6 Patient experience – positive and negative

In July 2014, it was reported that during Q1 2014-15, the friends and family test indicated that an average of 73% in-patient respondents and 70% of community service respondents would be extremely likely to recommend the service they received to a family member or friend, and 23% of in-patient and 29% of community service respondents would be likely to recommend the service. 4% of in-patient and

1% of community service respondents would not recommend the service they received.

This positive feedback has continued throughout the year with between 92 - 97% of respondents likely or highly likely to recommend the service.

Complaints within the CHS Division have reduced in number over the year. The main themes of complaints received are staff attitude and poor communication with carers and patients. Each complaint has an individualised action plan and complaints themes are scrutinised through the Trust's Quality Assurance Committee. In Q4 2014-15 there were no formal complaints received about community hospital or community services in WL CCG and there is no evidence to suggest that the increase in out of hospital care/services following the closure of in-patient beds at ADH has had an adverse impact on patient experience.

4.1.7 Patient safety

In July 2014, pressure ulcers were considered to be an important patient safety indicator as a proxy to determine whether the transfer of care to more patients in community settings resulted in an increase in harm caused by pressure ulceration. It was noted that an analysis of patient safety metrics in community settings indicated that there has been a 31.5 % reduction in avoidable category 3 and 4 pressure ulcers from Quarter 2 to Quarter 4 in 2013 -14.

During the first half of 2014 -15 the number of avoidable pressure ulcers across LLR increased in all categories. This was particularly noticeable in June 2014 for category 2 pressure ulcers, which is attributed to an improved scrutiny process.

In response, the Trust implemented an enhanced Pressure Ulcer Quality Improvement Plan which is overseen by LPT's Quality Assurance Committee. Since October 2014 the number of avoidable pressure ulcers for all categories has fallen. Across LLR in Q1 2014-15, 16 category 3 and 4 avoidable pressure ulcers were reported, and in Q2 20 ten category 3 and 4 avoidable pressure ulcers were reported each quarter.

Reviewing specifically the number of avoidable pressure ulcers reported by community services in West Leicestershire, in Q3 there were 3 avoidable category 3 and 4 pressure ulcers reported, and 1 in Q4. Given the decrease in all avoidable pressure ulcers during Q3 and 4, it is not evident that an increase in out of hospital care/services following the closure of in-patient beds at ADH has resulted in an increase of avoidable pressure ulcers.

5. **New services and the Better Care Fund (BCF)**

- 5.1 In July 2014, Trust Board requested an update in relation to other new services which were being developed to support patients in their own homes. Trust Board requested assurance that the business cases were on track to absorb future capacity. All of these services are now operational.

5.2 Intermediate Care Team – enhancing current service to include additional falls programmes

Additional funding of £66,538 has been secured to provide 16 additional falls programmes during 2014-15 (each programme has capacity for 8 – 10 patients and runs for 6 weeks). The additional falls programmes were implemented in January 2015.

5.3 Rapid Response Falls Service (County BCF)

This scheme commenced in November 2014. As at February 2015, the scheme has avoided 289 non-elective admissions. This is 169 (or 140.8%) above the cumulative plan to avoid 120 admissions during the same period.

5.4 Night assessment service - Integrated Crisis Response (County BCF)

The night assessment component of this scheme commenced in September 2014. As at March 2015, the scheme has avoided 191 non-elective admissions. This is 17 (or 9.8%) above the cumulative plan to avoid 174 admissions during the same period.

5.5 7 day services in primary care – WL CCG (County BCF)

As at March 2015, the scheme has avoided 77 non-elective admissions. This is 25 (or 24.5%) below the cumulative plan to avoid 102 admissions during the same period. WLCCG committed to review the schemes and as a result the pilots in South Charnwood, Hinckley & Bosworth and North West Leicestershire were stopped at the end of March. This is following evaluation of the schemes which was presented to the CCG's Planning & Delivery Group. The scheme in North Charnwood and the weekend acute visiting service will continue for a period of three months whilst a task and finish group (CCG plus partners) is established to agree the next steps.

5.6 Older Person's Unit (OPU) - Loughborough Community Hospital

This scheme commenced in October 2014. As at March 2015, the OPU has avoided 176 non-elective admissions. This is 24 (or 14.0%) below the revised, cumulative plan to avoid 147 admissions during the same period.

The following actions were agreed to re-establish growth as planned for the programme:

- Continued promotion of service to General Practice, GPs, practice managers and patient and carers;
- Continued promotion of the service to EMAS and to LPT SPA;
- Raise awareness within the care homes sector, including an article for the Care Home Bulletin.

- 5.7 The schemes above contribute towards the emergency admissions avoidance schemes within the County BCF, along with the impact of other activities within CCG operating plans/QIPP schemes that are designed to reduce emergency admissions.
- 5.8 Despite the implementation of new schemes during Q3 2014, a year on year rise in the number of non-elective attendances and admissions continues to be a challenge nationally and for the LLR health and social care economy. The national picture for Oct - Dec 2014 shows a 5.2% increase on non-elective attendances compared with the same period in the previous year (source: Commons update paper House of Commons library).
- 5.9 Across LLR, there has been a 4% increase in non-elective attendances to UHL when comparing Oct 2013 – April 2014 and Oct 2014 – April 2015, although it is important to note that in WL CCG non-elective attendances decreased by 1.4%. In Queen Elizabeth Hospital, Burton, non-elective attendances from WL CCG residents remained static against a rising national trend.

6. Community hospital in-patient average length of stay and bed occupancy

- 6.1 In addition to the approved indicators, it is worth noting that average length of stay (LoS) in community hospital beds continues to fall. Significant work has been undertaken to improve flow through community hospital beds, aligned to the LLR Urgent Care Board’s Discharge workstream

Year	2013-14	2014-15
Av LoS	22.9 days	17.7 days

- 6.2 In four of the seven County community hospitals with in-patient beds (excluding ADH), this reduction in LoS is statistically significant (Coalville, Hinckley and Bosworth, Rutland, Market Harborough). The 2014 -15 reduction in LoS equates to an additional 679 patient spells when compared to 2013-14, or the equivalent of an additional 37 beds. In terms of County community hospital in-patient capacity, the 2014-15 reduction in LoS alone adequately mitigates for the closure of 16 in-patient beds at ADH.
- 6.3 Average in-patient bed occupancy in County community hospitals in 2013-14 was 90%. The contractual target is 93%. In 2014-15, average bed occupancy was 89% with capacity available to enable transfer for rehabilitation from University Hospitals Leicester and out of County acute hospitals.

7. Better Care Together (BCT)

- 7.1 The BCT programme involves very significant changes in the way that we deliver health and social care to local people, with a shift away from reliance on acute hospital care towards preventative and community-based strategies.
- 7.2 As a result, it will be necessary to adjust the balance of capacity across the system, be that in terms of actual beds or home based 'virtual' beds such as those provided by LPT community teams in the Intensive Community Support service.
- 7.3 The above changes in capacity will be taking place against a backdrop of very high current pressure on capacity across the system. This backdrop has inevitably led to some questioning of the rationale underpinning the original planning assumptions in BCT e.g. significant reductions in acute bed numbers.
- 7.4 As a consequence, the BCT Partnership Board has commissioned the development of a system capacity model, using agreed principles across LLR.
- 7.5 The net result of this modelling will determine the bed and other capacity required by different parts of the system in order to deliver services in a sustainable way whilst implementing the changes envisaged by the BCT Programme.

8. Progress towards closure of ADH

- 8.1 The ADH Implementation Group continue to oversee plans to relocate the remaining services provided from ADH.
- 8.2 WL CCG has approved the relocation of consultant led elective outpatient services (provided by the LLR Alliance) to Coalville Community Hospital.
- 8.3 Heads of Terms are being finalised for alternative premises which support the relocation of remaining services (Hood Park, Legion House).
- 8.4 Preparation for the planning application for Hood Park is being progressed by Ashby Town Council working in collaboration with the Trust. It should be noted that purdah may delay this process; the project plan timescales have been adjusted accordingly with project completion estimated to be December 2015.
- 8.5 The minutes of the confidential Trust Board (Nov 14) confirm that the board declared ADH and site surplus to LPT requirements and supported its disposal in accordance with Department of Health (DH) guidance. It is proposed that once Heads of Terms have been signed and planning consent secured, the property is marketed in line with DH guidance.
- 8.6 A security firm has commenced patrols over each 7 day period at ADH.

8.7 An artefacts task and finish group is over-seeing the repatriation of artefacts. It has been agreed that Ashby museum will be the curator of all artefacts within ADH.

9. Public engagement

9.1 Two well attended public engagement events were held during March 2015 to provide the people of Ashby with the opportunity to meet a wide range of health and social care providers and to discuss with them both the existing and proposed health and social care services that will be available to them, based within their community and in their own home.

9.2 This personal approach did yield some very useful and constructive discussions, however it is evident that some people are still very concerned about the plans and the future shape of health and care services and remain in opposition to the changes. The Ashby Civic Society, who were instrumental in helping to coordinate and promote the events, are of the view that the hospital should remain open as they perceive that it provides the only real solution to the provision of community based services in Ashby.

9.3 There are no further plans to coordinate more public meetings or events in Ashby. However, the Trust remains committed to ensuring that local residents are kept aware of the implementation of our plans and the progress being made. The Trust and WL CCG will continue to liaise closely with key stakeholders in the local area.

10. Conclusion

10.1 This paper describes a number of qualitative and quantitative indicators which demonstrate that work to transform community based health and social care services over the last 18 months provides a solid platform on which to mitigate the closure of 16 in-patient beds at ADH.

10.2 Following this second review of performance against key indicators, WL CCG and LPT are in agreement that performance of current and new community services, alongside a statistically significant reduction in length of stay in four of the seven County community hospitals supports the decision to permanently close the in-patient beds at ADH.

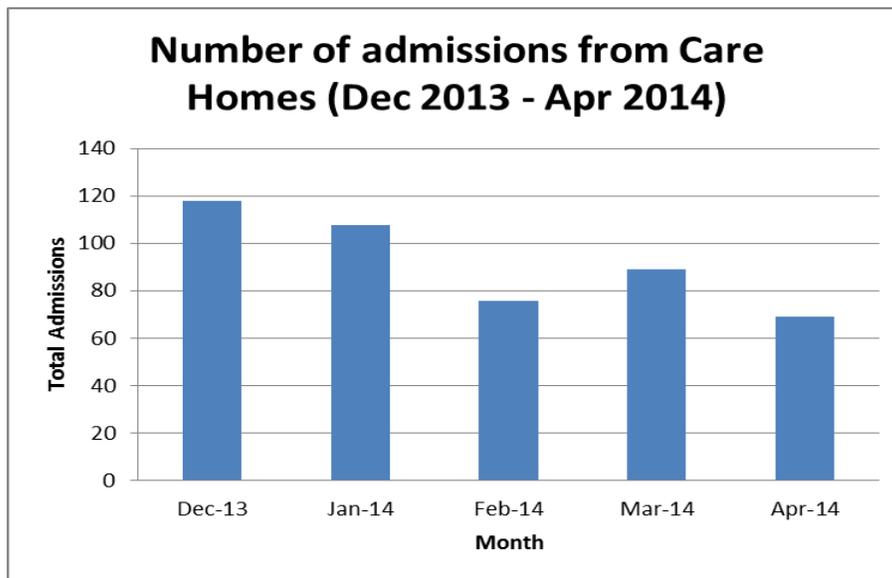
10.3 Some local residents in Ashby remain very concerned about the viability and sustainability of the model of care and the closure of ADH.

10.4 The BCT work to develop a system capacity model is designed to determine the bed and other capacity required by different parts of the system in order to deliver services in a sustainable way.

- 10.5 Steady progress is being made towards relocating other services provided from ADH; it is expected that there will now be a pause whilst Heads of Terms are signed and planning consent secured.
- 10.6 It is proposed that a further progress update in relation to relocation of other services provided from ADH comes to Trust Board in September 2015.

Appendix 1

Number of care home admissions WL CCG Dec 2013 – Apr 2014



Appendix 2

WL CCG Domically Therapy waiting times:

Priority level	Average Waiting time (weeks) Sept 13	Average Waiting time (weeks) June 14	Average Waiting time (weeks) February 15
Priority 1	0	0	0.7
Priority 2	17	5	7.8
Priority 3	18	13	13.4

Appendix 3

Queen Elizabeth Hospital Burton Intermediate Care bed days compared to WLCCG domiciliary therapy contacts

