

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2015

**REPORT OF WEST LEICESTERSHIRE CLINICAL COMMISSIONING
GROUP AND LEICESTERSHIRE PARTNERSHIP NHS TRUST**

**IMPLEMENTING “FIT FOR FUTURE”: A REVIEW OF COMMUNITY
HEALTH SERVICES IN ASHBY**

Purpose of report

1. The purpose of this report is to summarise the process which led to the decision to close Ashby and District Community Hospital (ADH), and update the Health Overview and Scrutiny Committee with regard to the plans for its implementation.
2. It should be noted that the term ‘Boards’ used in this report refers to the governing Boards of West Leicestershire Clinical Commissioning Group (WLCCG) and Leicestershire Partnership NHS Trust (LPT).

Policy Framework and Previous Decisions

3. At an extra-ordinary board meeting on 27 May 2014, the Boards approved proposals to change the model of care for Ashby community health services, which will result in the closure of ADH.
4. The Boards received assurance in relation to the clinical case for change, the comprehensive process of patient and public engagement which was used to shape the clinical case for change, evidence that the Secretary of State for Health’s “four tests” had been met, and that obligations in relation to Due Regard had been considered. The paper is available on either organisation’s website (hyperlink below). The Board meeting where the decision was made was held in public.
5. It was noted that the National Clinical Advisory Team (NCAT) supported the proposal to close ADH and reinvest resources in other community services.

Engagement and Consultation

6. An extensive engagement phase was used to develop the clinical case for change, receive public feedback and engage with staff at ADH. A wide range of activities took place including:-
 - (a) Public meetings;
 - (b) Clinical engagement events;
 - (c) The development of the Ashby Patient and Public Panel;
 - (d) Staff Briefings at Ashby District Hospital;
 - (e) Seldom Heard Engagement;
 - (f) Partnering with key stakeholders.

7. The evidence of the range of stakeholder engagement and the feedback received is available in the May 2014 Board papers, or on the public website of both Boards.
8. Formal public consultation commenced on 6 February 2014 and closed on 6 April 2014. A copy of the consultation document is available in the May 2014 Board papers on the public website of both Boards.
9. Patient, public, staff and other stakeholder views were sought on two future options:-
 - (a) Option 1: Make better use of the services in Ashby District Hospital;
 - (b) Option 2: Move services out of Ashby District Hospital to other local places, increase the range of community health services and provide more care in people's homes.
10. WLCCG and LPT commissioned Community Research, an independent company experienced in consultation design and delivery, to help analyse and report on the responses. Their independent report is attached as Appendix 1 to this report.
11. In response to the public consultation 52 per cent of the respondents(202 people), supported the option to move services out of Ashby District Hospital to other local places, increase the range of community health services and provide more care in people's homes. It should be noted that public consultation was one of a number of methods to secure public and stakeholder feedback, and the actual number of people and organisations who were consulted and engaged with during this period was much higher. The Boards acknowledge and appreciate that not all members of the public will support the decision; however the Boards were assured by the clinical case for change and supporting evidence.

Implementation

12. Since the decision has been made, the Boards have received a range of assurances in relation to performance against pre-determined metrics which demonstrate that performance of services, which provide alternatives to in-patient bed based services at ADH, meet patient and commissioner expectations.
13. A business case for the relocation of services currently provided from ADH has also been approved, with a summary version at LPT's public board and a full commercially confidential version at LPT's confidential board. The confidential version of the business case has subsequently been disclosed as part of an Freedom of Information (FOI) request in which commercially sensitive financial information was redacted.
14. The Boards appreciate that some members of the public have challenged the cost of repairs to the building and the viability of the business case. It should be noted that sufficient assurance was received by the Board members to proceed, as the survey which identified the costs of repairs which would bring the hospital up to a safe standard was provided by NHS Estates experts. It is important to note that all building work undertaken in a hospital setting must meet clinically safety standard and fulfil statutory compliance requirements.

15. Plans for relocating services provided from ADH are outlined below:

(a) In-patient beds (closed in October 2014)

- (i) During 2012-13, an analysis of bed usage at ADH indicated that 25 per cent (4 out of 16) beds were occupied by residents with an Ashby postcode. Further analysis showed that almost 50 per cent of patients occupying the beds could be safely cared for at home if an alternative service was available.
- (ii) In response to this, during 2012-13 the Intensive Community Support (ICS) service was established, providing a home based rehabilitation service for people who are able to receive rehabilitation in their home. West Leicestershire has 48 home based ICS “beds” which are used flexibly across the district.
- (iii) Both prior to, and since the closure of the 16 in-patient beds at ADH, Ashby residents requiring in-patient rehabilitation in a community hospital are able to access in-patient care in any community hospital. LPT’s policy is to place people in a community hospital bed as close to their home as possible. It is recognised that occasionally this may be further away from home than desirable, both pre- and post- closure of the beds at ADH. It is worth noting that prior to the closure of the beds at ADH, the majority of people with postcodes LE65 or LE67 received their in-patient rehabilitation at Coalville Community Hospital. This pattern has not changed since the closure of the beds. In the 6 months prior to the closure of the beds, two patients with LE65 or LE67 postcode were noted to have been placed at Market Harborough Community Hospital. In the six months post closure, there were no placements of people with LE65 or LE67 postcode placed outside of the three West Leicestershire Community Hospitals (Coalville Community Hospital, Loughborough Community Hospital, Hinckley and Bosworth Community Hospital).
- (iv) The numbers of people with LE65 or LE67 postcode accessing in-patient palliative, or end of life care services in a community hospital are very small. In the six months prior to closing the beds, one patient accessed these services at ADH, and ten at Coalville. Post closure of the beds, four people with these postcodes have received palliative, or end of life care services at Coalville Community Hospital. Post closure of the beds, no-one with LE65 or LE67 postcode has been placed in a community hospital outside of West Leicestershire for palliative or end of life care services. It should be noted that the palliative care suite at ADH was rarely used, as due to the layout of the building the room was located a considerable distance away from the main body of the ward, compromising patient observation and potentially posing a patient safety risk.
- (v) Significant work has been undertaken to improve flow through community hospital beds, aligned to the LLR Urgent Care Board’s Discharge work stream. It should be noted that in four of the seven County Community Hospitals with in-patient beds (excluding ADH), a statistically significant reduction in length of stay has been achieved. The reduction in length of stay in 2014 -15 equates to the additional capacity to admit 679 patients when

compared to the 2013-14 baseline, or the equivalent of an additional 37 beds. In terms of County Community Hospital in-patient capacity, the 2014-15 reduction in length of stay adequately mitigates for the closure of 16 in-patient beds at ADH.

It is important to note that, despite reducing the LLR bed base by 16 beds in October 2014, no additional winter pressure beds were opened across the local health system, unlike previous winters.

(b) Out-patient consultant led (elective) services (relocated in April 2015)

- (i) There were four consultant led outpatient clinicians operating from ADH. Out of the 300 consultant clinic appointments per year at ADH, 75 per cent attendees travel from Coalville for their appointment. For those who require a diagnostic intervention (eg X-ray), they are required to make a second attendance at Coalville Community Hospital as ADH does not have imaging facilities.
- (ii) These services have all been relocated to Coalville Community Hospital, where patients will receive their imaging and other tests on one site, therefore reducing the repeat visits for a diagnostic intervention and improving the patient experience. This was considered to be beneficial from a clinician and patient perspective.
- (iii) The Leicester, Leicestershire and Rutland Alliance is developing plans to provide more local elective services for the people of Ashby from April 2016. These include plans for local ophthalmology, dermatology, cardiology and ear, nose and throat (ENT) clinics in collaboration with local opticians and GP practices in Ashby.

(c) Nurse and therapy led clinics (pending relocation to Hood Park Leisure Centre)

- (i) Hood Park Leisure Centre has been approved as the alternative site for community nursing and musculo-skeletal (MSK) clinics. The clinical and professional support for a change in emphasis from a clinical model centred on "illness" to a model underpinned by "wellness" scored highly in the option appraisal and both the Leisure Centre and Boards are confident in an approach which creates a "Health and Well-Being Zone" for the people of Ashby.
- (ii) The Boards appreciate that there are public concerns about planning permission at Hood Park Leisure Centre and consider this a matter for North West Leicestershire District Council. If planning permission is not secured, or timeframes become extended, the option appraisal will be re-visited and other local alternatives will be explored.

(d) Team and administrative bases (pending relocation to Legion House, Ashby)

- (i) It should be noted that the business case does not support the use of clinical space for administrative team bases because there are more cost effective ways of providing this space. A range of team bases have been secured and

the location of these has largely been driven by clinical staff, who have expressed a preferable location. Preferences have then been reviewed from a “value for money” perspective.

- (ii) Team bases for district nurses, health visitors and administrative staff currently located in ADH will relocate to Legion House in Ashby. The team base for school nurses has already relocated to Whitwick Health Centre. This was the preferred option for the school nursing team and afforded a small saving to LPT.
16. All services which were available at ADH have either been, or will be relocated. In addition, the ICS service provides a local alternative to in-patient care in people’s home, when it is a safe and appropriate option.
 17. LPT has given public assurance that ADH site will not be disposed of until all services have been relocated. Disposal will be overseen by the Department of Health and in accordance with NHS Estates Code.
 18. Since the decision was made in May 2014, the Boards have regularly re-confirmed their support for the decision to change the model of care and the plans to relocate services to alternative settings.

Better Care Fund (BCF)

19. The Better Care Fund has been a key enabler in enhanced community based services, and the range of community services available to the people of Ashby have expanded since the in-patient beds closed. Over the last year the Better Care Fund has invested locally in:-
 - (a) A rapid response falls service;
 - (b) A night assessment service to enhance the Integrated Crisis Response Service;
 - (c) An Older Person’s Assessment Unit (OPU) based at Loughborough community hospital.

Better Care Together (BCT)

20. The BCT programme involves very significant changes in the way that health and social care is delivered to local people, with a shift away from reliance on acute hospital care towards preventative and community-based strategies. 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 ICS.
21. The above changes in capacity will be taking place against a backdrop of very high current pressure on capacity across the system. It is anticipated that this will lead to some questioning of the rationale underpinning the BCT planning assumptions. As a consequence, the BCT Partnership Board has commissioned the development of a system capacity model, using agreed principles across LLR. This work includes best practice modelling of bed occupancy to ensure that targets are appropriate across LLR. Although bed occupancy in LPT is below the contractual occupancy target commissioned by the CCG, which has been identified by the recent CQC report as

an area of concern, the CCG and LPT will continue to work together to support flow through the system and collectively manage the consequent impact on occupancy.

22. 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. The Boards appreciate the level of public concern in this regard. It should be noted that even if the capacity modelling exercise indicates the requirement for additional in-patient capacity in community hospitals, there are void spaces in more modern community hospitals which will be utilised to meet this need. The Boards are committed to commissioning and providing modern day healthcare from facilities which are fit for the future.

Conclusion

23. It is appreciated that some members of the public remain concerned about the decision to relocate services and close the ADH; however the Boards are confident in the processes which led to the decision being made. In March 2014 the Health Overview and Scrutiny Committee supported Option 2, with the caveat that any decision regarding community health services in Ashby should not be taken in isolation and that it would be important for West Leicestershire Clinical Commissioning Group to ensure that provision of community beds was maintained across West Leicestershire. The Boards recognise and appreciate public concern about the decision to close ADH, but remain confident that appropriate assurances have been received and the business case is viable.
24. A comprehensive process of local public engagement was instrumental in shaping the clinical case for change; one element of this process was the formal public consultation process.
25. All services provided from ADH have, or will be relocated, as the plans for implementation are progressed.
26. Quarterly Board assurance processes remain in place to allow on-going scrutiny whilst the implementation plan is executed.

Background Papers

http://www.leicspart.nhs.uk/_Aboutus-Trustboardmeetings2014-May2014Extraordinarymeeting.aspx

<http://www.westleicestershireccg.nhs.uk/page/extra-ordinary-board-meeting-27-may-2014>

Circulation under the Local Issues Alert Procedure

Mr. J. G. Coxon CC

Officers to Contact

Name and Job Title:

Caroline Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG

Telephone: 01509 567749

Email: Caroline.Trevithick@westleicestershireccg.nhs.uk

Name and Job Title:

Rachel Bilsborough, Director of Community Health Services, Leicestershire Partnership Trust

Telephone: 0116 225 2512

Email: rachel.bilsborough@leicspart.nhs.uk

List of Appendices

Appendix 1 - Community Research Report.

Relevant Impact Assessments

Equality and Human Rights Implications

In taking the decision on 27 May 2014, the Boards were assured that obligations in relation to Due Regard had been considered. This is the legal duty that public sector organisations have to promote equality.