

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 15 JANUARY 2020

REPORT OF WEST LEICESTERSHIRE CCG

COMMUNITY SERVICES IN ASHBY: A RESPONSE TO THE CONCERNS RAISED BY ASHBY CIVIC SOCIETY

Purpose of report

1. The purpose of this report is to provide the Health Overview and Scrutiny Committee with a response to the concerns raised by Ashby Civic Society regarding Community Services in Ashby.

Policy Framework and Previous Decisions

2. The concerns relate to a decision made by West Leicestershire CCG (WLCCG) in May 2014, to change the model of care for Ashby community health services, which resulted in the closure of Ashby and District Hospital.

Background

3. In 2013 WLCCG undertook a review of community health services delivered from Ashby and District Hospital; patient, public, staff and other stakeholder views were sought on two future options:

Option 1: Make better use of the services in Ashby District Hospital.
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.
4. Following the consultation the CCG Governing Body supported the recommendation to increase the range of community services in Ashby; as a result of this decision Ashby and District Hospital closed in September 2014.
5. The concerns raised by the Ashby Civic Society have been consistently responded to by WLCCG over the past 5 years and work has been undertaken to seek feedback from patients, carers, GPs, and other stakeholders as part of our ongoing patient experience work.
6. The following paper will respond to each of the concerns in turn:

The level of healthcare patients receive at home and in the local community

7. The clinical case for change in 2013 set out the strategic vision for community services in Ashby, and described strengthened services ahead of any changes to services provided directly from Ashby and District Hospital. Leicestershire

Partnership Trust and adult social care teams worked collaboratively with WLCCG to redesign and transform services in alignment with this vision. This ensured that enhanced and expanded community services were firmly embedded in practice ahead of any changes being made.

8. Since 2014 integrated working between health and care services has continued to evolve to improve the provision of services in the community. In 2018, the CCGs commenced a large scale programme of work across Leicester, Leicestershire and Rutland, based on the same principles as the clinical case for change in 2013 entitled 'Community Services Redesign' (CSR). Extensive engagement activity has been undertaken to hear the views on how a new integrated model of community care changes the experiences of staff, family carers and patients and people who use the service. This engagement has fed into the design of the new model, and included
 - Face-to-face qualitative interviews (n. 156);
 - Online qualitative survey (n.66);
 - Examined 22 existing reports in line with community services from research in LLR representing 4,300 people;
 - Presented findings at 3 workshops to capture insights regarding travelling communities, Asian family carers of people with learning disabilities and Hinckley PPG locality group – total of 21 people

9. Through February and March 2019, the insights gathered were presented at six public workshops held across LLR and further insights were gathered from 169 people (patients, family carers and staff). These events were well received by the public as an opportunity to provide feedback on the new community model of care (figure 1), and were attended by staff working in acute or community settings, social care staff, domiciliary care workers, GPs, care home staff, patients and family carers receiving or with an interest in community care and people working in voluntary and community organisations. Key messages from public and patients were:
 - People want to stay in their own homes, but confidence in support from services in the community to manage this well is sometimes lacking;
 - Recognition that social care and primary care are fundamental to delivering improved community based care;
 - Family carers often articulate negative experiences of the support they and their loved one get;
 - Family carers, care home staff and domiciliary care staff expressed the need to be more involved in decision making concerning patients;
 - People want stronger links between emotional welfare and physical recovery;
 - They place importance on therapy services that support mobility recognising that increased mobility improves their mental wellbeing;
 - People want better communication between family carers, staff and internally to include: explanation and advice when required, Appropriate language and use of interpreters when required; improved relationships with other health and social care teams through integrated working across teams to improve a number of concerns, including discharge; managing in a crisis and carers seeking further help when required.
 - There are some concerns over rurality and a desire to see more services delivered in local settings for local populations
 - A view that community hospital beds are a 'safe' option for sicker people;

- Scepticism that we can tackle long standing issues and make a positive change;
- LPT staff were concerned over potential loss of the specialism in the Intensive Community Support service through the transfer of capacity into a core neighbourhood model.

10. The intelligence gathered from the engagement work was fed into the model design. People's feedback on their experience of care is also being addressed in the implementation plan for the CSR, particularly in respect of ensuring that we pay attention to the way that the new services work. For instance, we are placing great emphasis on therapy and support for mobility as part of the model, and have an organisational development plan to support the new teams to build integrated ways of working and their relationships with primary care and social care. Integrated teams are supported to build relationships and ways of working, and in the continued specialism of Home First services
11. The LLR model of community health service delivered in people's homes was implemented on 1 December 2019, and can be broadly described as being composed of the following:

Neighbourhood community nursing and therapy services, aligned to Primary Care Networks, which offers planned nursing and therapy and same day community nursing, working closely with local General Practitioners and social care as part of a local integrated neighbourhood team; there is a neighbourhood team covering Ashby.

Home First – offering intensive nursing and therapy as part of an integrated team offer with social care reablement and crisis response. Home First services will typically see people who need a more intensive, short term level of care and intervention to avoid admission or to provide support after a period of hospital stay i.e. enhanced 'step up and step down' services.

Locality Decision units: access points into multi-disciplinary triage, assessment, care planning and treatment for Home First services in each local authority area. The Locality Decision Units (LDU) determine whether a person can be safely and well supported at home or whether they need to be admitted to a re-ablement bed or community hospital bed, and if so, will arrange this admission or a package of care to be delivered by Home First. LDUs will work as the interface between hospital staff GPs or other health professionals referring into Home First. They will work closely with hospital discharge processes on a 'push/pull' basis, proactively arranging the support required on step down from hospital. This model will strengthen the support available to out of county hospitals (eg Burton and Derby) to step down patients from acute care into the most appropriate local service.

12. In addition to the changes to the nursing and therapy service, an intrinsic element of the Community Services model is the provision of consistent and responsive local medical support to patients on the Home First caseload, who may have additional medical needs which must be appropriately managed in order for them to be supported to remain at home. The LLR CCGs supported additional investment to further enhance community-based services. This includes £1.4m for GP practices from December 2019, which includes all GP practices in Ashby working closely with community nurses and therapists to provide enhanced medical support, with further investment in community teams' staffing in 2020/2021.

13. This work is entirely aligned with the NHS Long Term Plan (2019) and there is a strong national evidence base supporting the principles of the model and the effectiveness of the associated interventions (<https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2019/07/frailty-toolkit-june-2019-v1.pdf>).

Community Hospital and Care Homes – significant distances from Ashby

14. Within Leicester, Leicestershire and Rutland (LLR) we have discharge pathways that are designed to meet different levels of patient need. As described above, the principle of Home First is embedded into the discharge pathways. This means home is considered first and foremost, and inpatient beds in the community are utilised if it is not possible to discharge people to their home immediately following a stay in an acute hospital.
15. When patients are transferred from acute Trusts, such as Derby, Burton or Leicester to a community hospital, staff work hard to ensure that wherever possible patients are admitted to a community hospital that is close to the patient's own home or to their relatives, although this does need to be balanced with the availability of beds at times of high demand and the importance of not prolonging a patient's stay in acute hospital unnecessarily. We have been working closely with the discharge teams in the acute trusts, particularly the out of area trusts, to ensure that they are fully aware of our discharge pathways and make use of these. These processes will be strengthened following the implementation of Locality Decision Units, as staff working in an acute trust can directly access local professional support and advice to step down a patient from acute to community care into the most appropriate setting of care dependent upon their needs.
16. For older people in particular, we know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. The LLR CCGs have commissioned a number of short term reablement beds in Residential Care Homes, including two care homes in Coalville, along with the ability to spot-purchase beds to support local patient discharge. This service ensures that patients who are medically fit for discharge but require ongoing support can be assessed for their longer-term support requirements in a setting more like a home environment, while receiving therapy support to help them gain maximum independence.
17. Phase 2 of the Community Services Redesign work will include looking at the impact of home based community care on the use of community inpatient beds and short term reablement beds. Modelling undertaken so far indicates that there will be shifts in the number and type of beds required for LLR patients as a result of the community model changes. CCGs will begin to develop options for the community bed model, with the expectation that these will support the production of a Pre-Consultation Business Case. A Steering Group has been established with input from Healthwatch and system partners including UHL, to oversee this work.
18. This second phase of work will look at all services delivered from community hospitals, not just inpatient beds, including planned care and urgent care services. The resulting business case will set out the vision for what care is delivered from community hospitals, primary care settings or patients' own homes. The steering group will also use the insights from patients, family carers and staff to help shape future proposals and we will be engaging with local people as we develop this next

set of proposals.

The provision of Outpatient and Therapy Services

19. Through the LLR Alliance, WLCCG has worked to ensure the continued and expanded provision of local services in Ashby, these include:

Dermatology

Weekly dermatology clinics are provided at both Coalville and Loughborough Hospitals, with dermatology clinics now also provided from Long Lane Surgery in Coalville.

Cardiology

Echocardiogram service provided from Ascebi House in Ashby. There is a plan to develop a non imaging diagnostic hubs in the next 12 months to provide a range of non imaging diagnostics

Falls service

There have been a number of developments in relation to the prevention of falls, with public health experts working with health colleagues in Leicester, Leicestershire and Rutland to develop the Falls Management Exercise (FaME) programme. FaME provides information on how to commission and provide a group-based strength and balance training programme. Centralising this service allows us to provide improved cover across the wider community. We are currently looking at expanding the availability of postural stability courses including looking at the range of venues that this is delivered from.

ENT – Audiology Services

Audiology/balance services are being provided from Ascebi House, with the addition of ENT clinics also being provided from Long Lane Surgery in Coalville.

20. Castle Medical Group have also been working to provide as many services from the practice as possible e.g. echocardiograms, ultrasound, LOROS outreach palliative care clinic, diabetes educational sessions, Midwifery, IAPT, mental health practitioner and, most recently, a new hernia clinic.
21. Other outpatient services are available at Coalville Hospital which benefits from having on-site diagnostics, reducing the need for repeat outpatient visits to an acute hospital further afield.
22. Community nursing, podiatry and musculoskeletal therapy services continue to be provided in Ashby from Hood Park Leisure Centre, a collaborative piece of work between Leicestershire Partnership Trust and the North West Leicestershire District Council.

Developer funding for healthcare provision

The CCG works closely with North West Leicestershire District Council regarding S106 funding. Work is currently underway to finalise a business case for S106 and CCG capital funding in the locality.

The Surgery, Ashby

There have been a number of changes at The Surgery following inspection by the Care Quality Commission (CQC) in July 2017. The CCG has worked with The Surgery and local health care providers over the last two years to address the CQC findings and to try to identify a sustainable long-term solution for the practice. Given the challenges, the CCG reviewed all options and following careful consideration decided to close the practice and request that patients register with another GP / practice.

This approach ensured patients will have access to stable and sustainable primary care services and continuity of care. Full engagement has taken place with patients and support given to register at an alternative practice by 31st October 2019.

Conclusions

23. The basis of the decision regarding Ashby Community Services was based on a clinical case for change supporting the Home First principles. These principles have been further developed and the current community services model provides a more integrated care provision for our patients.
24. Outpatient and therapy services have continued to be provided locally and work has taken place to increase the range and availability of services in Ashby.
25. Further work is planned to review the impact of home based community care on the use of community inpatient beds and short term reablement beds.

Background papers

“Fit for Future”: Review of Community Health Services in Ashby
May 2014

<https://www.westleicestershireccg.nhs.uk/your-ccg/publications/your-ccg/west-leicestershire-ccg-board/board-meetings-and-board-papers/board-papers-2014/27-may-2014-extraordinary-board-meeting/964-board-paper-ashby-community-services-review-may-2014-final-version/file>

“Fit for Future”: Review of Community Health Services in Ashby
August 2014

<https://www.westleicestershireccg.nhs.uk/your-ccg/publications/your-ccg/west-leicestershire-ccg-board/board-meetings-and-board-papers/board-papers-2014/12-august-2014/897-paper-j-fit-for-future-review-of-community-health-services-in-ashby/file>

Community Services Redesign
August 2019

<https://www.westleicestershireccg.nhs.uk/your-ccg/publications/your-ccg/west-leicestershire-ccg-board/board-meetings-and-board-papers/board-papers-2019/13-august-2019/1793-paper-g-community-services-redesign-combined/file>

Circulation under the Local Issues Alert Procedure

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List of Appendices

Appendix A – Letter from Ashby de la Zouch Civic Society dated 23 September 2019
 Appendix B - Report by Frank Bedford, MBE, on behalf of Ashby Civic Society.
 Appendix C – Powerpoint slides entitled Ashby District Hospital : A Valued Community Asset

Relevant Impact Assessments

Equality and Human Rights Implications

26. Equality Impacts assessments have been undertaken for the original Review of Community Health Services in Ashby in 2014 and the Community Services Redesign in 2019. No adverse implications identified

Crime and Disorder Implications

27. None

Environmental Implications

28. None

Partnership Working and associated issues

29. Demonstrates partnership working

Risk Assessment

30. Quality Impacts assessments have been undertaken for the original Review of Community Health Services in Ashby in 2014 and the Community Services Redesign in 2019. No adverse implications identified.

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