

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 12 MARCH

“FIT FOR FUTURE”: COMMUNITY HEALTH SERVICES IN ASHBY

PUBLIC CONSULTATION BY WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP AND LEICESTERSHIRE PARTNERSHIP TRUST

Executive summary

1. The following paper outlines the Ashby Community Services Review being undertaken by West Leicestershire Clinical Commissioning Group (CCG) and Leicestershire Partnership Trust and the options that we are formally consulting on. This is the opportunity for the Leicestershire Health Overview and Scrutiny Committee to provide formal feedback as part of the consultation process which we will include as part of our final report to the West Leicestershire CCG and Leicestershire Partnership Trust Boards.
2. The paper describes the options, the case for change and the timescales for consultation to decision. As part of the post consultation engagement Leicestershire Health Overview and Scrutiny Committee members will be offered the opportunity to participate in a stakeholder event in April to review the recommendations prior to the decisions by the West Leicestershire CCG and Leicestershire Partnership Trust Boards by the end of May.

Introduction

3. 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.
4. 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.
5. This paper aims to provide members with an update on progress as part of the formal consultation process.
6. The full consultation document can be accessed using the following link:

<http://www.westleicestershireccg.nhs.uk/consultation-hub>

or

<http://www.leicspart.nhs.uk/ InvolvingYou-Consultations.aspx>

The need for change

7. 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 meet pro-actively the changing health needs that this represents.
8. 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.
9. 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.
10. 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.
11. 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.

Evidence for Change - Local Activity

12. 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.

13. 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.
14. 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
15. 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).
16. 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.

17. The Clinical Case for Change document can be read using the following link:

http://www.westleicestershireccg.nhs.uk/sites/default/files/CommunityHospitalsReview_ExecSummary_Final.pdf

Options

Option 1: Make better use of the services in Ashby and District Hospital

18. This option would mean ADH would remain open and the essential maintenance work would be done to make the hospital fit for purpose for the

next few years. There would be no additional funding apart from the money to cover the building maintenance.

Inpatients

19. We would continue to provide rehabilitation – there would be no change to how this is managed. We would make better use of the current 16 inpatient beds by reducing patients' length of stay. We would do this by ensuring the quicker transfer of patients who could be cared for at home, at a care home or elsewhere.

End of life care

20. This care would remain unchanged. Patients would be cared for in any Leicestershire community hospital, as are they are now, or by the hospice charity LOROS, or in local nursing homes, or at home.

Outpatients

21. We would add more outpatient clinics and make greater use of current resources. However, we would only be adding clinics that do not need diagnostic services like x-rays. This could include consultant geriatrician outpatient services. NHS financial procedures that restrict patients being referred to ADH will be changed.

Option 2: Move services out of Ashby and District Hospital to other local places, increase the range of community health services, and provide more care in people's homes

Inpatients

22. There would no longer be inpatient beds at ADH. For inpatients this would mean continued choice of where you receive your care. Currently, out of the 158 patients who used ADH in 2012-2013 only 40 (25%) were from Ashby and surrounding villages. As explained previously in this document and at public engagement events over the past two years, we would also provide more healthcare in or nearer patient's homes. Our intensive community support service would be extended. This service offers quality care at the patients' own home instead of in hospital allowing patients to be discharged home sooner. A night sitting service would be provided for suitable patients at home, further preventing hospital admission. We will provide care in nursing home and care home beds, when appropriate, as well as using wards in Loughborough Community Hospital or Coalville Community Hospital for both inpatient and end of life care.

End of life care

23. Apart from inpatient care no longer being available at ADH, the end of life care options remain unchanged. Patients will be cared for in any Leicestershire community hospital bed, or by the hospice charity LOROS, or in local nursing homes, or at home, where appropriate. We will work with local nursing homes to provide additional end of life care beds.

Outpatient and therapy services

24. We would provide better equipped clinics in a more modern, local setting, able to deal with more patients. This would put an end to going to one place for diagnosis and another for treatment. We would move outpatients, the teenage health clinic and therapy clinics out of ADH to a more modern building in Ashby. The location would need to be decided. This building would have the scope to deal with increasing numbers of patients, with space for diagnostic testing, but not x-rays. These will continue to be provided at other community hospitals, as now.

25. The range of outpatient and therapy services could be increased - including occupational therapy and physiotherapy. We would also extend services at both Loughborough and Coalville Community Hospitals. We would increase the range of qualified organisations offering therapy services. We would also make better use of the extensive therapeutic gym facilities at Coalville Hospital.

Timescale

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|-----------------------|---|
| Jan/Feb 14 | Options paper and Consultation Document signed off by CCG Board – 14.01.14 |
| | Options paper and Consultation Document signed 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 |

RECOMMENDATIONS:

The Leicestershire Health Overview and Scrutiny Committee members are requested to

- Note the progress with the Ashby Community Services Review public consultation and
- Provide formal feedback to WLCCG and LPT as part of the consultation process.

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