

TRANSFORMING OUR COMMUNITIES CONSULTATION DOCUMENT (SUMMARY VERSION)

JULY 2016



Introduction

The NHS across the UK is working hard to transform services, improve efficiencies, and deliver the right care, in the right place, at the right time, at the right cost. This is a difficult balancing act, especially in geographically large and predominantly rural areas such as Hambleton, Richmondshire and Whitby (HRW).

The population in the NHS HRW Clinical Commissioning Group (CCG) area is markedly different from that of England as a whole. Compared to the national population, the area is below the percentage average for those aged under 45 and over the percentage average for those aged over 50. The higher proportion of older people in the CCG area leads to higher demand for services, including a requirement for the CCG to ensure that it is appropriately commissioning services that are fit for an ageing population.

This document outlines proposals drawn up by the CCG to transform the community system, taking into account feedback from public and patients since engagement began in 2013.

Engagement primarily showed that:

- Patients want to be cared for at home or as close to home as possible.
- Integration of health and social care services is important.
- The Friarage Hospital is at the heart of Hambleton and Richmondshire localities.

The CCG has worked closely with local GPs, hospital partners and other stakeholders in order to propose three options for consultation including a preferred, which aim to deliver this new model of care.

The CCG has also identified a range of overarching objectives which underpin a wider range of services that bring care closer to home. These include:

- **‘Living well’** – Fewer hospital admissions and lower death rates from heart disease, stroke and cancer.
- **‘Ageing well’** – Patients will be able to make choices to self-manage their care in order to stay independent for longer and their carers will be supported to live their own life.
- **‘Dying well’** – A greater range of options for people in their last years of life and dying at home or in the place they choose, supported by trained staff and carers.
- **Improved experience of care**, based on what patients say they want.
- **Delivery of care in the most appropriate place** – this may be in a community or home location.
- **Greater financial efficiencies**, such as reductions in emergency admissions; better management of the continuing healthcare budget; increased productivity of commissioned services and fewer older people entering nursing or residential homes for long term care.
- **Up-to-date commissioning specifications** to ensure the delivery of services is in line with need.



What is being proposed?

In order to deliver the programme objectives, important decisions need to be taken about how to use what we already have in the region, including some of our hospitals and wards.

In 2013 the CCG realised there was a need to review the use of its **community hospitals** in light of extensive public and stakeholder engagement and in reviewing the national evidence base on community based services.

During the period 2013–2016 the CCG has invested more than £1.7m from the Better Care Fund (BCF) in additional community services in HRW. In 2015–16, these services led to a reduction in emergency hospital admissions, particularly for over 65 year olds, and increased delivery of integrated services while maintaining the Friarage Hospital as an acute centre.

Nationally, moving care closer to home has resulted in some reduction in lengths of stay in hospital settings but there is evidence that further significant changes are needed in the way that care is delivered.

Across the UK, there is strong evidence that these new models of care are producing impressive results. There has been a 15% reduction in emergency admissions to hospital and 7% fewer calls to 999. Fewer people are dying in hospital.

Next steps

The CCG needs your views on some options. It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?

During the consultation all the feedback and responses will be collated. A final report will be produced and analysed before any decisions are made.

Decision making process

The outcomes report will be discussed with the CCG Council of Members (which is made up of representatives from each of the member GP Practices). The final decision will be made by the CCG Governing Body.

Get involved

The views of the public are extremely important to the CCG and we would like you to get involved by telling us what you think of the options listed within this document.

The CCG website includes a dedicated 'Transforming Our Communities' page for the consultation and an **online survey** is available to complete.

CCG representatives will also be available in numerous locations across Hambleton and Richmondshire during the consultation to answer questions and receive feedback; a paper version of the survey will also be available.

More information on how to get involved is on the final page of this document.

Consultation options

It is recognised that the traditional way of organising and delivering services is not sustainable. The CCG is working with its providers and local population to radically reimagine how care is provided to support the community.

What are we formally consulting on?

The **Lambert Memorial Hospital in Thirsk** is currently closed due to the provider being unable to sustain adequate staffing levels. In addition to this issue, the building is in a poor state of repair and a recent independent survey concluded that without significant investment over the next five years, it would not be fit for purpose.

The **Rutson Ward in Northallerton** is situated within an acute hospital and this environment is not ideal for community rehabilitation. In addition to this, GP access to these beds has been limited due to increased pressures from acute services and stroke rehabilitation.

The CCG's proposed options for the transformation of community services seek to address these issues and provide alternative solutions to the provision of high quality services. The proposals also meet growing public expectation for care closer to home.

Options appraisal



Option one: Do nothing

The **Lambert Memorial Hospital** will remain closed. The **Rutson Ward** in **The Friarage Hospital** will continue to be commissioned as it is now.

Clinical quality impact

This option would see the **Lambert Memorial Hospital** in **Thirsk** close permanently and the CCG will continue to fund additional beds in the **Rutson Ward** in **Northallerton** to accommodate patients who would have been treated as an inpatient at **The Lambert Memorial Hospital**.

Our work has highlighted issues with this configuration of beds on the **Rutson Ward**, relating to long lengths of stay, limited access to beds and deterioration of the frail elderly, and the adoption of this option on a permanent basis would mean that these issues would not be addressed as an outcome of the consultation.

Access to community beds would continue to be in a centralised location, with limitations on availability as the long lengths of stay would remain as they are at the present time. However this option would represent additionality of beds in the **Northallerton** area.

The GPs in the **Northallerton** area rarely admit patients onto the **Rutson Ward** and, due to its location being within an acute facility, the beds are mainly utilised for those requiring intensive stroke rehabilitation or to be used as overspill for acute wards, leaving less access for patients requiring community based rehabilitation. The activity figures from

the Lambert Hospital for the period 2015/2016 show that over 50% of patients came from outside Thirsk and surrounding villages, it would be difficult for this demand to be met solely by the Rutson Ward.

The CCG plans to develop a home first approach to end of life care, which would be less viable with this option. The new model, developed in partnership with local stakeholders, sees an integrated approach to the delivery of end of life care. This utilises the principles of integrated locality teams working collectively to respond to the needs of the population, creating a range of options for patients and their carers. This option would present limitations to patients having choice to receive care in a facility which is located within their own community.

This option represents the current service model and does not meet the commissioning vision for the CCG. The CCG is committed to commissioning high quality services which are in line with the expectations and needs of the population. This option does not present the advantages to the delivery of high quality community services in line with what our population has told us they expect during our engagement phase.

Estates impact

The Lambert Memorial Hospital would close on a permanent basis and the hospital site would be returned to its owner, NHS Property Services. Recent surveys of the building conclude that it requires significant remedial work and in its current condition is not fit for purpose.

The configuration of the Rutson Ward in Northallerton would remain in place and would continue to provide additional beds to accommodate demand for those patients who would ordinarily have been treated at the Lambert Memorial Hospital. In the long term, with the impact of the inpatient activity that would have previously gone to the Lambert Memorial Hospital, capacity of this ward would be compromised.

Equality impact

This option would not provide local provision of community beds for the people of Thirsk and therefore would result in the majority of the population with poor provision of service.

This option would not address the public expectation of care closer to home, and services would become more centralised, reducing the location of community beds to just Richmond and Northallerton resulting in many communities travelling excessive distances.

Financial impact

The cost of a hospital bed day is on average 60% more expensive than that of a community based step up step down bed as represented in the table below. Recent activity into the Rutson Ward and Lambert Memorial Hospital shows a number of delayed transfers of care, longer stays in hospital and repeat admissions. The CCG aims to reduce this, primarily to improve patient experience but also to reduce unnecessary expenditure which results from these issues.

	Bed day cost £
Average community hospital bed in Hambleton and Richmondshire	£229
Average step-up step-down bed support	£142
Average nursing home cost lower level support	£91

This option would generate a saving of approximately £170,000 from the closure of the Lambert building, on the premise that the building was entirely empty. If elements of the building remained in use, this would generate a charge to the CCG for the unused space.

Option two: Re-open the Lambert with a new North Yorkshire based service provider delivering inpatient care. The beds at The Rutson Ward will go back to the original specification.

Services on the Rutson ward would remain as currently specified.

This option would require a competitive tender process to find a new provider of services for The Lambert Memorial Hospital. The current configuration of the Rutson Ward would be retained without the additional beds commissioned by the CCG on a temporary basis when The Lambert Memorial Hospital closed.

Clinical quality impact

In commissioning services, the CCG requires a level of assurance that these services can be appropriately clinically led and managed effectively to deliver good outcomes for patients. Likewise, in making a decision about future procurement of services, we require assurance that the specification being procured is achievable and will meet the patient outcomes specified.

Sustainability of safe and resilient services has not been possible at the Lambert Memorial Hospital as a result of long-term recruitment issues. As at June 2016 the Trust has 76 unfilled registered nursing posts. This recruitment pressure has put additional strain on the services provided at the Friarage Hospital where staff are required to support both sites.

The medical model for the Lambert Memorial Hospital has, for a number of years, been configured in a different way to usual community hospital provision in that medical accountability and decisions about admitting and discharging patients has come from

acute physicians based at the Friarage Hospital with medical support coming from local GPs. The procurement of a new service provider would mean that medical accountability would need to be sought, potentially based from York or Harrogate and with the distance involved, the CCG regards this as a clinically unsafe model of care.

The oldest patients admitted to hospital are the physically, cognitively or socially frail and are most prone to significant deterioration following minor stresses or events. Hospital admissions can add additional hazards such as noise, disorientation and cross infection, which goes against supporting the re-enablement and rehabilitation to maintain activities of daily living.

The continued use of community hospitals in their current form would not add value to patient experience, there are traditionally long lengths of stay and without the re-specification of this ward, we would be restricted in our ability to commission a more personalised and responsive service to be delivered in communities. To tackle these issues the services would be required to not only be radically redesigned but also to maintain strong links with other aspects of community provision, this option would see these other service areas sitting with a different provider and as a result there would be less opportunity for integration of care.

The clinical quality impact on end of life care would be the same as that of option one. The CCG plans to develop a home first approach to end of life care that would be less viable with this option as it does not allow for the commissioning of step-up/step-down beds. This limits the options available to the residents of Hambleton and Richmondshire of step-up care and in many cases requiring additional travel to access this care. However for the population of Thirsk, the Lambert Hospital has provided a much appreciated and valued palliative care service and has enabled GP to provide care to their patients at end of life.

This option represents a sense of familiarity for the local population whom know the Lambert Hospital and are used to receiving care from there. The local population has demonstrated an affinity to the building and the CCG recognise that this is a valued community asset.

Estates impact

Due to its age, design, layout and condition, it has become increasingly difficult to deliver 21st century care from the Lambert Memorial Hospital. It is approaching its next round of period maintenance and has been assessed as requiring extensive remedial work costing in the region of £680,000 over the next five years; this investment will not improve the layout of the built environment, but rather upgrade the electrical infrastructure and boilers. This investment excludes ongoing and unpredictable maintenance which can be costly and impact adversely on business continuity.

The CCG understands that in previous years the services delivered from the Lambert Memorial Hospital were much valued, however the building is coming to the end of its lifespan and the CCG do not see this as an appropriate location for healthcare delivery in the future.

The CCG has been working with GPs in the Thirsk locality to develop a bid to NHS England to secure feasibility funding to identify options in addressing issues with primary care estate in the area, it is envisaged that the Lambert Memorial Hospital and surrounding site would be part of this feasibility work. Exciting opportunities to work collaboratively with primary care, health, social care and social housing providers to develop a primary care/ community hub are emerging, this would generate innovative ways of working and address the forthcoming likely increase in demand within the area. It would also assist with increasing outpatient services which would enable repatriation of patients from attending appointments at the Friarage Hospital or James Cook in Middlesbrough. This option would reduce the options to be considered as part of any feasibility study.

Equality impact

The bed configuration that this option is describing would result in long distances for patients, family members and carers to travel to access them, with only the three community hospitals available for the delivery of care in the community (Friary Hospital in Richmond, the Rutson Ward in Northallerton and the Lambert Memorial Hospital in Thirsk). This option would not allow the commissioning of step-up step-down beds therefore limiting the options available to the residents of Hambleton and Richmondshire of step up care and in many cases requiring additional travel to access this care, generating more inequalities in the health system.

This option could result in out of area patients being admitted into the Lambert Memorial Hospital, reducing the availability of beds for Hambleton, Richmondshire and Whitby residents.

Financial impact

The community contract for which the services delivered traditionally from the Lambert Memorial Hospital sits, is held with South Tees Hospitals NHS Foundation Trust, and includes a range of community services. The total community services contract value for Hambleton and Richmondshire is £10.8m of which the Lambert represents 10%.

The community system in the Hambleton and Richmondshire has been delivered as one service for many years resulting in integration of teams and the excellent sharing of resources which are flexed around demand, reduced trade-off between organisations and achieving economies of scale. The impact of taking out a small element of this service specification to enable the re-procurement of the Lambert Memorial Hospital would have a detrimental impact on service delivery and the stability of the Lambert Memorial Hospital as a standalone unit.

Having a separate service provider for the Lambert Memorial Hospital would have a financial implication for the cost of pathology transport, deliveries of stock and drugs and access to diagnostic services such as x-rays and scans.

(Option two continued)

Due to the finite resource available, this option would not allow the commissioning of step-up/step-down beds therefore limiting the options available to the residents of Hambleton and Richmondshire.

The cost of remedial building work required at the Lambert Memorial Hospital would need to be met by the CCG, this is estimated to be in the region of £680,000 to bring electrical systems, boilers, back-up generators and emergency lighting up to standard. This does not include the extensive ongoing maintenance costs associated with an ageing building.

A procurement exercise to find a new provider for the Lambert Memorial Hospital would be an additional one off cost to the CCG, estimated at £150,000. This cost is not included within the current CCG financial plans.



Option three – preferred option based on feedback from engagement: Provide a range of step-up/step-down beds in the community supported by integrated locality teams.

This option would see a range of beds being commissioned by the CCG in areas of high demand for patients across Hambleton and Richmondshire. Patients would be supported by an integrated team of healthcare professionals working in the community consisting of GPs, social care, community nurses/rehabilitation, mental health and the voluntary sector.

This option would result in the permanent closure of the Lambert Memorial Hospital, Thirsk and the decommissioning of the community rehabilitation beds on the Rutson Ward, Northallerton. A service for patients requiring intensive rehabilitation following a stroke will continue to be provided from the Rutson Ward.

Clinical quality impact

This option would meet the needs of individuals who require a higher degree of care and support than can be provided in a home setting, even with new technology and enhanced care support, and for whom care in an acute hospital bed would be default outcome, however these individuals do not require the care of an acute physician.

These beds will be supported by more robust integrated working in communities. Integrated Locality Teams – reengineered health and social care teams – will prevent admissions and act as “pull” to bring patients home from hospital to a suitable care environment in their own community far more quickly, preventing deterioration and achieving a better return to a higher level of functioning.

The step-up/step-down bed model would support individuals to maximise their potential

and remain as independent as possible, reducing the need for re-admission into hospital.

This option would create a robust mechanism for the responsive and person centred delivery of palliative and end of life care, which is tailored to their individual needs and wishes, and the new model will see practitioners and carers working as part of the integrated locality team and linking into specialist palliative care services where required to enable this level of care to be delivered. This will result in services being local, responsive and designed to meet individual needs, enabling access to a range of health, social care and voluntary sector practitioners in a timely manner. Access to step-up/step-down beds in the community will provide a local option for patients whom wish for their care to be stepped up into a facility that is not in their own home.

Estates impact

As detailed within option two, the CCG has been working with GPs in the Thirsk locality to develop a bid to NHS England to secure feasibility funding to identify options in addressing issues with primary care estate in the area. It is envisaged that the Lambert Memorial Hospital and surrounding site would be part of this feasibility work. Exciting opportunities to work collaboratively with primary care, health, social care and social housing providers to develop a primary care/community hub are emerging, generating innovative ways of working and addressing the forthcoming likely increase in demand within the area.

Reducing the number of beds currently commissioned to provide community rehabilitation on the Rutson Ward, enables the Trust to utilise much needed space within The Friarage Hospital in a different way.

Equality impact

To enable the delivery of equitable access to community step-up and step-up down beds across the whole geographical area, with a community facility in each of its localities, beds would be in a range of settings from community hospitals to Extra Supported Housing schemes to care homes.

The CCG has long believed that there should be equity of access to community step-up and step-up down beds across the whole

geographical area, with a range of facilities in each of its localities. There are significant opportunities to develop community beds to serve patients with a range of needs, from complex to those waiting for adaptations to their homes, from End of Life care to respite care to a facility catering for the particular needs of patients with dementia or delirium.

With the transformation of community teams, the optimum place for a patient to receive care is at home, where community teams can provide wrap around care, with the ability to step-up care when appropriate to a local facility which is easily accessible to family, friends and the local community.

Financial impact

The CCG has been clear as part of the Fit 4 the Future programme that to make system changes to ensure a responsive, local and individualised approach to community care, investment in community services was necessary. This additional investment is in place and has resulted in more health and social care staff working in the community.

This option would support individuals to maximise their potential and remain as independent as possible, which would have a positive impact on quality of life. This would also generate financial efficiencies for the health system, through reduced hospital admissions and readmissions, reduced lengths of stay, where a hospital admission is necessary and reduced number excess bed days created through earlier discharge. It would also facilitate a discharge to assess model for long term care to be undertaken in a more appropriate community location than an acute hospital.

This option would generate a saving of approximately £170,000 from the closure of the Lambert building, on the premise that the building was entirely empty. If elements of the building remained in use, this would generate a charge to the CCG for the unused space.

The cost of an acute inpatient stay is on average £390 per day, the cost of a community hospital inpatient stay is on average £229 per day and the cost of a step up step down bed stay is on average £142 per day. The NHS is facing significant financial challenges and innovative new models of care are required otherwise issues such as this will not be addressed.

Summary of options

Based on the valuable information received during our engagement from patients, members of the public, GPs, hospital consultants, voluntary sector, social care and other local stakeholders, the CCG has developed a set of criteria against which to assess each option. This can be found in the table below:

Criteria	Option one	Option two	Option three
Care closer to home for the majority of our population	X	X	✓
Convenience and accessibility of services, especially for older people who may find it difficult to travel	X	X	✓
Local provision of end of life care for majority of our population enabling patients to remain close to home	X	X	✓
Improved integration in the provision of health and social care	X	X	✓
Enables GPs to better support out of hospital care	X	X	✓
Provides support for our ageing population to maintain independence	X	X	✓
Retains the Lambert Memorial Hospital Building for service delivery	X	✓	X
Creates opportunities for the better use of technology	✓	✓	✓
Tried and tested model of service delivery in our CCG area	✓	✓	X
High quality care with good clinical outcomes	X	X	✓
Would actively reduce long lengths of stay in hospital	X	X	✓
Equality in relation to the location of beds for the majority of the population of Hambleton and Richmondshire	X	X	✓
Maintains a sense of familiarity of services being delivered in known facilities	✓	✓	X
Financial sustainability	X	X	✓

Have your say

Consultation

The 12 week consultation will run until early October 2016.

A full version of the consultation document is available at www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-our-communities

Questionnaire

We would like to obtain your views on the options the CCG believes are available to transform local services and bring care closer to home.

Complete the questionnaire online via the CCG website: www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-our-communities

Other ways to have your say

Email: hrwccg.feedback@nhs.net

Phone: 01609 767600

Post: Freepost Plus, RTER-KESE-BGCH, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Civic Centre, Stone Cross, Northallerton DL6 2UU.



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