

DERBYSHIRE COUNCIL

CABINET

20 September 2016

REPORT OF THE CHIEF EXECUTIVE

**RESPONSE TO THE BETTER CARE CLOSER TO HOME CONSULTATION
(Strategic Policy, Economic Development and Budget)**

1. Purpose of the Report

To provide Cabinet members with an overview of the proposals within the 'Better Care Closer to Home' consultation, outlining the key areas of concern and potential implications of the proposals for the council and local residents.

2. Information and Analysis

Background

The 21c Joined Up Care programme brings together health, social care and voluntary sector partners in the north of Derbyshire to transform current health provision and 'join up' so they are more sustainable and better meet the needs of individuals.

The 'Better Care Closer to Home' consultation, is the first in a series to be run as part of the 21c Joined Up Care programme, and covers North Derbyshire and Hardwick Clinical Commissioning Group (CCG) areas. Residents and stakeholders, including the Council, are invited to respond to the consultation by 5 October 2016. It is important to note that this consultation only covers part of the county and does not include services in Erewash, Southern Derbyshire and Tameside and Glossop CCG areas.

The 'Better Care Closer to Home' consultation proposals consider changes to services:

- for older people who receive inpatient care in a community hospital, usually after a spell of care at a district general hospital, following an illness or accident, and;
- for older people with dementia who presently receive support at community hospitals.

Local community hospital provision in the north of the county is currently

provided by Derbyshire Community Health Services at Bakewell (Newholme Hospital), Buxton (Cottage Hospital and Cavendish Hospital), Bolsover (Bolsover Hospital), Chesterfield (Walton Hospital), Clay Cross (Clay Cross Hospital) and Darley Dale (Whitworth Hospital).

If approved the proposals outlined in the consultation could result in the closure of Bolsover and Newholme community hospitals, and there would be changes to the services offered at the remaining sites due to the increased use of community based services, which deliver care and support at home.

Underpinning this approach, as part of the 21c Joined Up Care programme will be the broader development of locality place based working through community hubs across local communities in north Derbyshire. The eight local communities are Buxton, Dales, Dronfield and North East, Chesterfield East, Chesterfield Central, High Peak, North Bolsover and South Hardwick.

Development of consultation proposals

The consultation proposals have been developed with input from CCG officers, GPs, clinical staff and local community representatives. NHS provider organisations, including Chesterfield Royal Hospital, Derbyshire Community Health Services, Derbyshire Health United, East Midlands Ambulance Services and Derbyshire Healthcare Foundation Trust, have also been involved alongside the County Council and the voluntary sector. The Health and Wellbeing Board has also received regular updates on the 21c Joined Up Care programme and the development of these consultation proposals over the course of the past year.

The CCGs have developed a pre-consultation business case which outlines the proposals in detail. In addition, a consultation document and questionnaire have been developed and are available online and in community venues. Since the launch of the consultation, Hardwick and North Derbyshire CCGs have co-ordinated a series of public meetings and drop-in sessions where the consultation proposals have been explained and local residents have had the opportunity to ask questions or provide comment on the proposals.

National policy context

The proposed changes are driven by national policy guidance and evidence, which recognises the value of developing and delivering person-centred integrated care. The approach is strongly influenced by the King's Fund's work on place-based health that advocates that partners should develop a shared vision built on the identified needs of the local population which in turn achieves better outcomes for patients, system efficiencies and financial savings.

The NHS Five Year Forward View also reflects the importance of developing

population-health systems so that local NHS can delivered care locally, but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases. The Forward View also recognised that ‘in order to support these changes the national leadership of the NHS will need to act coherently together and provide meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied’. Furthermore the document states that NHS England will back ‘diverse solutions’ and ‘local leadership’.

These principles are reflected in the latest NHS planning guidance, which requires NHS organisations within local areas to produce five-year Sustainability and Transformation Plans (STPs) so that they can access additional funding through the Sustainability and Transformation Fund. The guidance document associated with this funding states that ‘we strongly encourage health systems to work closely together to manage within the level of resources available’. Whilst the STP covers the whole of the administrative county and Derby City local authority areas, and is still subject to finalisation, the ideas, approach and proposals put forward in the Better Care Closer to Home consultation and 21c Joined Up Care link to and reflect the emerging direction of travel for the STP.

In addition to this policy guidance, the latest clinical research suggests that within the first day of a hospital stay the muscle strength of patients can decrease by two to five percent and within a week this is five to ten percent. Furthermore, two separate studies have shown that spending ten days in hospital leads to the equivalent of ten years ageing in people aged over 80. Therefore, it is suggested that if more treatment can be provided in the local community, or at home, it will help achieve improved outcomes for individuals as it prevents or limits the negative effects of decompensation.

Rational for change and development of proposals

Locally, issues associated with individuals being treated in hospital when then could be looked after at home and a lack of place-based care are recognised as important drivers for change, especially due to North Derbyshire and Hardwick CCG’s ageing population profile. By 2037, the population of north Derbyshire is projected to increase by 9% and 8% respectively, with an estimated 29% of Hardwick CCG and 31% of North Derbyshire CCG’s population being aged 65 years and over.

Local analysis also suggests that these older adults are more likely to have multiple long-term health problems, be frail and be less independent. The prevalence of most chronic health conditions also increases with age, and is also higher in areas that experience more socio-economic deprivation. The pre-consultation business case suggests that people with one or more long-term condition are responsible for approximately 50% of GP appointments and 70% of days spent in hospital in north Derbyshire.

The pre-consultation business case particularly focuses on older people's mental health and suggests that there are currently approximately 6,000 people with dementia living in North Derbyshire and Hardwick CCG areas and this is expected to rise significantly over the next five years so there will be an additional 1,000 people living with the condition. CCGs are concerned that these demographic and health trends will place greater demand pressures on health provision and therefore the NHS needs to make changes to current services to be able to cope.

The Better Care Closer to Home consultation outlines a series of proposals as to how health services want to support individuals through primary care and community based services to help them manage their condition and remain as well and independent for as long as possible, reducing the need for more costly hospital admissions. The specific details of the consultation proposals are detailed below for reference and information.

Community based services

The consultation proposals in relation to community based services are to :

- Significantly expand community based care to create integrated care at home teams of health and care staff who will work together locally, to care seamlessly for older people who are ill or have had an accident in or near their own homes.
- Provide local beds with care, typically in existing residential and nursing homes in communities throughout north Derbyshire for older people who need extra support for a short time to regain their independence after an illness or accident.
- Make it easier for people with early dementia to use some dementia services by moving these services out of dementia day units (which are part of community hospitals) nearer to, or providing them in, their homes.
- Introduce dementia rapid response teams to intervene when an older person with severe dementia is having a crisis which would presently usually require hospital admission.
- Set up local community hubs to enable the teams to work closely together to provide support to older people near to or in their own homes in the eight natural communities of north Derbyshire.

Community hospitals

The consultation proposals in relation to community hospitals are to:

- Permanently close over time 84 community hospital beds at the Bolsover, Clay Cross, Cavendish, Newholme and Whitworth sites and replace with integrated Care at Home teams and local beds with care.
- Provide specialist rehabilitation hospital beds for older people who are not well enough to go home but are recovering from a spell in hospital following an accident or illness by changing the use of Cavendish to provide eight specialist rehabilitation hospital beds in the west of north

Derbyshire and opening 24 specialist rehabilitation beds in the east of north Derbyshire at Chesterfield Royal Hospital.

- Permanently close over time 20 older persons mental health community hospital beds at the Cavendish and Newholme sites and replace with new dementia rapid response teams who will support older people with severe dementia who are having a crisis or urgent care needs at home.
- Establish a centre of excellence at Walton Hospital in Chesterfield where older people with the severest dementia symptoms will be admitted as inpatients for specialist care because they cannot be safely cared for in their homes.
- Close the dementia day units at Bolsover, Newholme and Walton hospitals services are moved and provided locally in or near to people's homes.

Close Bolsover Hospital and Newholme Hospital as over time they will no longer be needed for NHS services. Closure will take place when inpatient and dementia day unit services have been replaced by alternatives, as set out in the proposals above.

Analysis of consultation proposals

Many of the proposals, such as integrated care teams, have been tested in parts of north Derbyshire, whereas other proposals, such as the Dementia Rapid Response Teams, are already successful in other parts of the county. Approaches such as these have resulted in the gradual shift in provision from hospital to home and has resulted in the length of stay in community beds falling from 26.9 days to 18.6 days in recent years.

Local CCGs have undertaken analysis, as part of the pre-consultation business case, to consider the current use of existing bedded-care at community hospitals and the 'do-nothing scenario' through data modelling. The evidence suggests the current model of care would become increasingly expensive and unless budgets are increased they would be unable to meet demand pressures.

There are currently 100 hospital-based community beds, as well as 25 beds at community located at care homes, that support approximately 2,000 people per year. In the current 'do-nothing' scenario, where the current model of care was delivered until 2019/20, health services would need to increase community beds to 151 places at an estimated total cost of £16.3m or £108,125 per bed or £6,900 per patient.

Similarly, older people's mental health provision is increasingly being provided in the home environment and as a result there is less reliance on traditional hospital based care. The current dementia day units at Leahurst at Walton, Stanton Day Unit at Newholme and Moorfields at Bolsover have been established for approximately 20 years and the model of care is becoming outdated.

In terms of inpatient care there are currently 50 older people's mental health beds split across three sites at Walton, Newholme and Cavendish. In the current 'do-nothing' scenario health services would need to increase these by a further ten beds to provide 60 in total to support approximately 300 patients. By 2020, these beds would cost a total of £10.6m, which equates to £176,000 per bed or £36,000 per patient over the course of a year.

The Council recognises that local NHS commissioners and NHS provider organisations are in a position where changes are required. The Council is encouraged to see that the proposed new social model of care build from national policy and best practice, and seek to transform current care provision so it is less costly, more sustainable and makes the best use of the county's collective resource within the health and social care system. Therefore, the Council supports both the broad direction of travel for 21c Joined Up Care as it will help address both demand and financial pressures, whilst providing better outcomes for individuals through more personalised care.

However, there are a number of specific elements of the Better Care Close to Home consultation that the Council remains concerned about following engagement and feedback from elected members and the communities they represent. The main concerns of the Council are:

a) Local financial implications and potential cost shunt to local government

Nationally, as highlighted in earlier sections of this report, the NHS Five Year Forward View encourages health and other local partners to think creatively about how to tackle both demand pressures and financial challenges currently facing the system. The 21c programme has successfully enabled partners to work collaboratively and creatively to consider how to develop a sustainable system which transforms and modernises approaches to care. However, the Council is aware that local health organisations have been frustrated by NHS England's approach that has prohibited the ability of local NHS organisations to innovatively address financial challenges by working across the health and social care system in partnership to make the best use of funds which are locally available. For example, some local NHS providers have budget allocations that could potentially be used to invest in system resilience, whilst transformation takes place. This approach would allow partners to more effectively manage risks, as well as gather and analyse evidence of successful implementation of the new care model at scale, prior to the closure of community hospital beds.

The Council, would welcome the opportunity to work with local CCGs and NHS providers through the Health and Wellbeing Board to lobby the Government about these issues to help ensure that Derbyshire residents

access a health and social care system which makes the best use of the funding available to it; is in line with the vision outlined in the NHS Five Year Forward View and does not result in unnecessary cost shunt to local government through additional social care costs at a time of unprecedented budget cuts.

The Council is concerned that if more individuals are receiving care out of hospital, it will require an increase in domiciliary care packages, and other forms of social care support, for individuals who would, under the current model of care, receive this in a community hospital inpatient setting. Similarly, there could potentially be an increase in the number of individuals discharged to private sector residential or care homes on a short or long term basis, due to the loss of the community bed provision, where social care funding packages would need to be put in place.

b) Public confidence in new models of care

Throughout the consultation, there has been significant concern expressed at the public meetings held across the county in relation to the ability of local health services to achieve the ambitions outlined within the proposed timeframe. The Council would like to seek reassurances from clinical commissioning groups that they will continue to engage and work closely alongside local residents and community groups to ensure that there is public confidence in the community based model of care as it is introduced and prior to any community hospital beds closing.

c) Location of rehabilitation beds at Chesterfield Royal Hospital

Throughout the consultation there has been strong public opinion about the loss of community beds at Bolsover, Clay Cross, Newholme and Whitworth and the 50% reduction in beds at Cavendish Hospital in Buxton. Community hospitals are clearly valued by local residents and are viewed as an important element in the step down process from acute hospital care to regaining full independence at home. For many individuals the location of these facilities being nearer to their own home or family members is a significant factor. The Council is extremely concerned that the majority of rehabilitation beds will be located at Chesterfield Royal, which will increase journey times for many family members and carers visiting patients (see analysis below).

Due to the strong community sentiment on this particular proposal within the consultation, the Council would ask NHS commissioners to consider whether specialist rehabilitation beds could be provided across three sites, instead of the two proposed in the pre-consultation business case. The Council feels that these should be located at either Bolsover Hospital, Walton Hospital or Whitworth Hospital to ensure that the provision of beds is spread across the county. The Council would like to understand whether Bolsover Hospital could offer a broader range of community

based health services and remain open as it is in a more deprived area, with high health inequalities and a large proportion of residents have one or more long-term condition.

More broadly, due to the high demand pressures on acute beds at Chesterfield Royal Hospital, the Council is concerned that the unless more far-reaching reforms are made to the local health system the hospital will continue to see large numbers of patients being admitted and the requirement for the use of community beds, as part of the rehabilitation process, will remain high. The Council would like to seek reassurances that the necessary reforms to both primary and urgent care take place prior to the closure of any community hospital beds to make sure that out-of-hospital provision actively seeks to prevent unnecessary acute sector admissions.

d) Transport and journey times

The Council has considered the travel-time analysis included in the pre-consultation business case and notes that in a number of instances patients, families and carers will face increased and extended journeys to access health services. For example, patients using the new proposed centre of excellence for dementia at Walton Hospital, would see an increase in average distance travelled from 5.4 miles to 23 miles for those living in the Buxton locality and 11.5 miles to 27.5 miles for those from High Peak, whereas patients were previously travelling more locally to Cavendish or Newholme hospitals to access older people's mental health provision. Similarly, for community rehabilitation beds, the average travel distance would increase from 5.9 miles to 11.3 miles for the Dales. The pre-consultation business case also notes that patients may access care at the facility nearest to their home, so this could have further potential implications for travel times, especially if residents from High Peak or Buxton were admitted to the rehabilitation beds at Chesterfield Royal at times of peak demand.

In addition, the Council would like NHS commissioners to be aware of further proposed budget cuts that may impact on public transport provision. The Council has recently consulted on a proposal to cease all funding for subsidised local bus services from 1 October 2017 and this is pending a final decision by Cabinet. Whilst the Council is exploring alternative funding options and discussions with commercial operators about the continuation of parts of the subsidised network are taking place, the Council is currently planning in case this funding ceases and there are significant changes to local bus services. The report presented to Cabinet on 26 January 2016, noted that 'the loss of the supported bus network in Derbyshire would impact on the ability of people to lead independent lives, particularly those who are entirely dependent on the transport network to access key services', such as health care. Therefore, journey times and

ability to access health services located further away from home by public transport, especially at evenings and weekends may become more challenging, particularly in the more rural parts of North Derbyshire. The Council would ask that the significant increases in journey times and the distance travelled to access particular health services is seriously considered within the consultation analysis as a key factor of concern for local residents.

In addition to the supported bus network community transport services, including the aCTive travel scheme, which helps individuals get to healthcare appointments, has been subject to consultation and review in light of budget cuts.

Cabinet agreed on 26 January 2016 that a reduced funding package would be put in place for general community transport schemes from 30 September 2017 and whilst funding levels will be maintained for the aCTive travel scheme, this will be subject to a competitive tendering exercise. Further consultation is due to take place to shape these proposals. The council recognises that transport provision to enable local residents to access to health services is an important shared issue, so will seek to work in partnership with CCGs and others to find appropriate ways to maintain service provision where possible.

e) Appropriate levels of respite support for care

The Council is concerned that the proposals suggest an increased number of older people with mental health needs will receive support at home, rather than at local dementia day units. In this scenario, carers will be required to support these individuals at home for longer without a break. The dementia day units currently provide a twofold benefit, in that the patient receives the care and support they need, but this time away from the home also acts as informal respite care for family members. Similarly, if patients are discharged home from hospital at an earlier stage of their recovery, there will be an increased responsibility on carers and families to provide support. The Council would ask that consideration is given throughout the implementation process for the provision of appropriate respite care, carer support and breaks for carers as a critical element. The Council would ask local CCGs to provide reassurance that they are committed to providing appropriate levels of carer support and where necessary this is increased so that families feel appropriately supported.

f) Workforce retention, recruitment and capacity

The implications of the proposed new models of care will result in significant changes to the workforce for both the NHS and DCC Adult Care. It is recognised that organisations provide services in the same communities and often care for the same people. Early learning from the integrated care teams, which have been piloted in parts of the county,

suggests they benefit patients, remove duplication and improve workforce productivity. However, there is concern about the capacity and capability of the workforce to help deliver change at scale due to skills gaps in particular professions and short falls in staffing key roles, such as occupational therapists. In addition, if more patients are being cared for within the home environment there will be an increased need for domiciliary care packages and this will require an increase in both social workers and care staff where there are recruitment and retention challenges.

If the ambition is to provide more care at home, these structural workforce issues needs to be addressed collaboratively between health and social care partners, which builds from the partnership approach to both recruit and retain care staff across the public and private sector. However, there remain parts of rural north Derbyshire, in the Derbyshire Dales and High Peak, where suitable care provision is not readily available and the system struggles to cope due to a lack of locally based staff and long journey times for agency workers. The Council would therefore like to seek reassurances that workforce recruitment and retention will be considered as a key issue and that appropriate community staffing levels will be in place before any community hospital is closed.

3. Next steps

Subject to agreement of Cabinet it is proposed that this report forms the Cabinet's substantive response to the Better Care Closer to Home consultation.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: financial, social value, legal, human resources, prevention of crime and disorder, human resources, social value, environmental, health, property and transport considerations.

5. Key Decision

No

6. Call-in

Is it required that call-in be waived in respect of the decisions proposed in the report? No.

7. Background papers

A range of papers and background documents are available in relation to the Better Care Close to Home consultation online at www.joinedupcare.org.uk

8. Officer's Recommendations

It is recommended that Cabinet:

1. Submits a copy of this Cabinet Report as the substantive response to the Better Care Closer to Home consultation, highlighting key issues which are of a concern to the council and local residents.

Ian Stephenson
Chief Executive