

For publication

Consultation response to North Derbyshire Clinical Commissioning Group - 21C#JoinedUpCare – Better Care Closer to Home

Meeting: Cabinet

Date: Tuesday, 4 October 2016

Cabinet portfolio: Cabinet Member - Health and Wellbeing

Report by: Health and Wellbeing Manager

Public For publication

1.0 Purpose of report

1.1 This report outlines for information the key aspects of the current consultation being run by the North Derbyshire Clinical Commissioning Group on new ways of delivering health services for older people under the umbrella of 21C #JoinedUpCare and seeks Cabinet approval for formal submission of comments in response to this consultation.

2.0 Recommendations

2.1 Cabinet is requested to note the contents of this report and confirm that the comments outlined in Appendix A below are formally submitted to North Derbyshire Clinical Commissioning Group.

3.0 Report details

3.1 North Derbyshire Clinical Commissioning Group (NDCCG) published a consultation entitled Better Care Closer to Home under the umbrella of 21C#JoinedUpCare. The 21C#JoinedUpCare programme is aiming to find new ways of

delivering health care services to improve service and use public money in the best possible way. This consultation is the first under this umbrella and proposes changes to services for inpatient care for older people and older people with dementia who presently receive services from community hospitals.

National Context and Background

- 3.2 It has been recognised widely that there is a need to avoid people falling through the gaps between the health and social care system and to provide more joined-up care focussed on the patient and delivered closer to home. The NDCCG began a review of services in 2011 involving discussions with patients, the public and health and social care professionals on how to achieve this joined-up service.
- 3.3 In October 2014 the government published 'Five Year Forward View'. This set a clear direction for how the health service needed to change to address funding gaps and standards of care arguing for a more engaged relationship with patients, carers and citizens and a radical upgrade on public health to ensure promotion of wellbeing and prevention of ill-health. It identified 3 key gaps that needed to be addressed:-
- *The health and wellbeing gap:* if prevention is not a key focus then recent progress in healthy life expectancies will stall, health inequalities will widen, and opportunities for beneficial new treatments will be side-lined by the need to spend billions of pounds on wholly avoidable illness.
 - *The care and quality gap:* unless care delivery is reshaped driving down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist.
 - *The funding and efficiency gap:* without a clear rethink of funding levels and system efficiencies in the current climate of austerity the result will be worse services, fewer staff, deficits, and restrictions on new treatments.
- 3.4 Subsequently in 2015 the government published a further document 'Delivering the Forward View' to establish national priorities and requiring the production of local five year Sustainability and Transformation Plans (STP) detailing how local

services would meet these priorities and transform to address the three gaps in 3.3 above and achieve financial balance.

- 3.5 These STPs have been produced at CCG-level and are now going through government scrutiny. One of the fundamental approaches being adopted in the STPs was to enshrine community involvement in service design and develop all-encompassing place-based plans ensuring integration with local authority services reflecting local agreed health and wellbeing strategies.
- 3.6 The STP for the Derbyshire CCGs has not been shared at this stage and is awaiting government approval before wider dissemination.

Better Care Closer to Home

- 3.7 The consultation document is about transformation of the services for older people receiving inpatient care and older people with dementia who currently receive services from community hospitals. These services are delivered from six community hospitals at Bolsover, Cavendish (Buxton), Clay Cross, Newholme (Bakewell), Walton and Whitworth (Derbyshire Dales).
- 3.8 The lack of integration between health and care services creates risks to patients and inevitably increases costs and reduces efficiency. The NDCCG five year plan identifies that there must be changes to service delivery to address the increasingly ageing populations' complex social, physical and mental health needs. It also identifies that existing services are not resilient and will face a £150m funding gap in 5 years' time.
- 3.9 The vision in this consultation is for the health and care system to keep people safe and healthy, at home and independent. There is clear evidence that people have better health outcomes if they can be cared for closer to home by care staff based in the community. There are three proposals which are addressed below.

Proposal 1 : Developing More Community-Based Services

- 3.10 This is the core of the consultation and the key changes are:-

- **Creation of Integrated Care at Home teams** – these will be teams of health and care staff caring for older people who are ill or have had an accident to support care at home once patients are well enough for discharge from hospital. The teams will be based locally in 8 communities across North Derbyshire – Chesterfield East and Chesterfield Central covering the borough.
- **Beds with Care** – where patients who are recovering may need more care than can be safely delivered at home it is proposed to use beds in existing appropriate care homes with delivery of services from the Integrated Care at Home teams. It is proposed that these care home beds will be fully funded by the NHS.
- **Moving services out of the Dementia Day Units** in the community hospitals at Walton, Bolsover and Newholme and providing them in or nearer to patients' homes making service access easier. These services would be the same as those delivered currently in the day units including support for carers.
- **Dementia Rapid Response teams** – there would be two teams across the area which would intervene when an older person with severe dementia is having a crisis and avoid hospital admission by providing the care in the home.
- **Creation of Community Hubs** – these would be based locally in the 8 communities across North Derbyshire (Chesterfield East and Chesterfield Central covering the borough) and would bring together community healthcare staff. The aim is to embed these into the community and develop synergies with other services (including VCS groups) to build on improved health and wellbeing and act as a magnet for other health and social care services.

Proposal 2 : Community Hospitals

3.11 The development of community-based services providing care close to or in patients' homes will result in fewer hospital admissions and reduced need to access services at community hospitals. The proposals are to significantly change the provision of services at the community hospitals as follows:-

- Closure of 84 beds at Bolsover, Clay Cross, Cavendish, Newholme and Whitworth and replace with Integrated Care at Home teams and Local Beds with Care.
- Provide specialist rehabilitation beds for older people who are not well enough for home or community care – there would be 8 beds at Cavendish and 24 at Chesterfield Royal Hospital.
- Close 20 older persons mental health beds at Cavendish and Newholme and replace with the Dementia Rapid Response teams.

- Establish a centre of excellence at Walton Hospital where older people with the severest dementia symptoms can be admitted for specialist care.
- Closure of the Dementia Day Units at Bolsover, Newholme and Walton.

Proposal 3 : Community Hospital Site Review

3.12 The six community hospitals under consideration are currently not all fully used for patient services and a few have significant parts not used at all with the associated costs. The sites were evaluated on the services currently provided there, the impact of these proposals on the site and whether other services not affected by the proposals need to be delivered from a hospital. The proposal makes it clear that there will be no reduction in service just redesign and community delivery. It is therefore proposed over time to close both Bolsover Hospital and Newholme as they will no longer be needed for NHS services.

4.0 Human resources/people management implications

4.1 There are no human resources implications of this report.

5.0 Financial implications

5.1 One of the underlying objectives is achieving a sustainable NHS budget and whilst there are currently no clear direct financial implications for the Council of this consultation removing money from the system will reduce funding for some VCS groups and may shift the financial burden to other public bodies. There is insufficient detail in the consultation to more fully evaluate these impacts.

6.0 Legal and data protection implications

6.1 There are no impacts on the legal duty of the council or data protection implications in respect of this report.

7.0 Consultation

7.1 This is a consultation document and has already been subject of extensive public consultation by the CCG to develop the proposals and the consultation has been supported by local events to seek public views directly.

8.0 **Risk management**

8.1 There are no risk management issues at this stage of the consultation and further evaluation can be made when detailed plans are established by the CCG.

9.0 **Equalities Impact Assessment (EIA)**

9.1 The initial business case produced by the CCG on Community Hubs was supported by an Equalities Impact Assessment.

10.0 **Recommendations**

10.1 Cabinet is requested to note the contents of this report and confirm that the comments outlined in Appendix A below are formally submitted to North Derbyshire Clinical Commissioning Group.

11.0 **Reasons for Recommendations**

11.1 To provide comment and feedback in response to the North Derbyshire Clinical Commissioning Group consultation on 21C #JoinedUpCare to ensure the views of Chesterfield Borough Council are taken into account in future delivery of health services for older people.

Appendix A – Consultation Response

The following summarises the key matters to be addressed in the formal Chesterfield Borough Council response to the consultation.

- a) The proposals to seek to better integration of care and health services are welcomed as is the commitment to drive improvement in wider health and wellbeing outcomes.
- b) The consultation does not make any clear reference to the extensive role that lower tier local authorities play in the health agenda - for example housing, homelessness, community safety etc..
- c) Additionally, Chesterfield has a local Health and Wellbeing Partnership which works across all partners to improve health and wellbeing outcomes for our communities and this role should also be clearly recognised and integrated with the wider services subject to this consultation.
- d) As the STP for the Derbyshire CCGs has not been shared at this stage the footprint of the local 'place' has not been clearly defined although it is understood that the Chesterfield 'place' will be co-terminus with the borough boundary. Given the alignment of many health and wellbeing strategies through the aforementioned Health and Wellbeing Partnership, Chesterfield BC submit that it is essential that the STP 'place' is consistent with the proposals in relation to older peoples care and a single 'place' for Chesterfield is more appropriate. How therefore will the place setting under the STP align with the two community hubs proposed for Chesterfield?
- e) The proposed Dementia Rapid Response teams are proposed to work 8am to 8pm seven days per week. The consultation suggests that if a crisis occurs outside these hours there will be support from an on-call psychiatrist with possible admission. These arrangements seem a little vague and may lead to unnecessary admissions. A more comprehensive service for such patients should be considered with clear pathways.
- f) The concept of Community Hubs is welcomed –it is proposed that there are two hubs for Chesterfield. What is the rationale and evidence for having two across the borough footprint rather than one?

- g) There are significant opportunities to look at shared Public Estate as part of these proposals and this should be given early consideration in the development of the detailed plans to gain both best value and maximise service integration.
- h) The proposal to use care homes for the provision of the Beds with Care service is understood in terms of resource utilisation. However the consultation does not provide any evidence of the location, number, bed availability and the sustainability of these units for both current demand and the projected increased future demand of the ageing population. Without clear evidence of the local availability of both care homes and bed capacity there is significant risk and there are no alternate arrangements proposed in case of insufficient capacity.
- i) Whilst it is accepted that by utilising capacity where available will support the care home sector what will be the impact of the competition for beds in these units on costs to patients seeking private arrangements for care and how will significant price increases be mitigated?
- j) The consultation suggests that NHS will meet the costs of beds provided in care homes. Chesterfield Borough Council have concerns that over time the proposals may lead to reduced funding from the centre for the bed provision leading to insufficient supply or patients having to fund the required care. What will be the costs of such bed provision, for how long will this undertaking to fund be honoured and what will be the impact for patients with personal health budgets?
- k) What arrangements will be put in place to support patients, families and carers access the new services in respect of transport?
- l) These proposals involve significant change in service delivery for many of the most vulnerable members of our communities. How does the CCG propose to communicate these changes to service users?
- m) The proposals will lead to a reshaping of the skills required by the health care sector to deliver the redesigned service. What is the capacity of the current labour market to provide these skills locally

and what arrangements are in place to train and develop workers with the correct skills over the timescale suggested?

- n) One of the underlying principles of the consultation is providing better care. Chesterfield Borough Council would like to see more evidence to support the proposals in respect of care home capacity, cost reductions and sustainability of funding streams so there is no risk of diminished care for vulnerable older patients.

| Glossary of Terms | |
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| NDCCG | North Derbyshire Clinical Commissioning Groups |
| STP | Sustainability and Transformation Plan |

Decision information

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| Wards affected | All Wards |
| Links to Council Plan priorities | 7. To improve the health and well-being of people in Chesterfield Borough 8. To reduce inequality and support the more vulnerable members of our communities |

Document information

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| Background documents | |
| These are unpublished works which have been relied on to a material extent when the report was prepared. | |
| None | |
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