



Quality care, best value,
better outcomes
**North Staffordshire
Clinical Commissioning Group**



Putting patients first
**Stoke-on-Trent
Clinical Commissioning Group**

Staffordshire and
Stoke on Trent Partnership
NHS Trust

University Hospitals of North Midlands
NHS Trust



West Midlands Ambulance Service
NHS Trust

ENCLOSURE:	
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REPORT TO	Briefing for Stoke on Trent City Council Adults Overview and Scrutiny Committee
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TITLE	Step up and Down "New Model of Care " progress report and Longton Cottage Hospital consultation update
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DATE OF THE MEETING	9 th September 2015
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RECOMMENDATION	Approve	Assurance	✓	Discussion	✓	information	✓
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PURPOSE OF THE REPORT	
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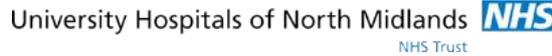
KEY POINTS/EXECUTIVE SUMMARY
<ul style="list-style-type: none"> • North Staffordshire and Stoke on Trent Clinical Commissioning Groups are considering how they commission community based services. • They propose a "New Model of Care" referred to as "Step Up Step Down". • The model will see fewer beds than at present. • A communication strategy has been developed to engage with patients and public. • The engagement process with stakeholders has been underway for some months. • A second phase of engagement commenced post "Elections" • To ensure a wider engagement audience a working party has been formed to shape engagement to include reaching minority groups and will shape the proposal moving forward. • Unlikely that any permanent changes to the system will be made in 2015.



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Step up and Down Progress Report

1.0 Context

1.1

1.2

2.0 Background

2.1

about the proposed new model of care.

2.2 The proposal is to create a new model of care for patients who are admitted to and discharged from hospital. Currently this model is referred to as “Step Up Step Down”.

2.3 A “step up” model of care would see a diagnostic and assessment centre introduced in the

2.4 A “step down” model of care would see a consultant responsible for the patients’ care from the point of acute admission to discharge. This includes supporting individuals to recover at home or if necessary in a community hospital. Bed provision within community hospitals is seen as a necessary part of the model, but not the only or main way that patients’ will be cared for in the community, in the future. Commissioners will continue to commission newly redesigned services to deliver care as close to home as possible which may signal a change of use for community hospital beds.

3.0 The Issue

3.1 Councillors requested North Staffordshire and Stoke on Trent CCGs to respond to a recent article within the local “Sentinel” newspaper suggesting that commissioners intend to close Bradwell, Haywood, Cheadle, Leek and Longton community Hospitals. Below are the responses to the questions posed by councillors:

3.1.1 What numbers of beds are to close and the number of beds to remain?

Currently the Community Hospital bed base has a total of 328 beds this is broken down as below:

- Bradwell Hospital 63 beds
- Cheadle Hospital 47 beds
- Leek Hospital 77 beds
- Haywood Hospital 145 beds (of these 58 beds are aligned to specialist services – stroke, neuro rehabilitation and Rheumatology, a further 10 are day case beds, these services will remain as is)
- Longton Cottage Hospital 37 beds

3.1.2 As the Step Up Step Down model of care is intended to prevent unnecessary admissions to hospital, facilitate more timely discharge and to discharge more people home first rather than into a community bed, there will be a requirement for fewer beds in the community once the model is embedded. Significant year on year recurring investment has been made in community services from 2013/4 to facilitate the principle of 'home first'. The consequence of the new model of care is that we will require c291 intermediate care beds in the community from October 2015 onwards, approximately 35-40 fewer than at present.

3.1.3 What will the hospitals be used for?

The New Model of Care suggests that:

- Bradwell and Cheadle hospital will provide step down care
- Leek and Haywood Hospital will provide step up care.
- As an interim measure and part of the transformational phasing, it has been agreed that Leek Hospital will support step down up to April 2016.

3.1.4 The engagement process with stakeholders, that has been underway for some months, would suggest that the 37 intermediate care beds at Longton would no longer be required. Once the engagement process has concluded and proposals worked up, these will be presented to the health scrutiny committees in September 2015, following which a formal period of consultation on the proposals will be undertaken. It is important to note that no decisions on the community hospitals or beds have been made at this point.

3.1.5 What will happen to the buildings/Will services remain in Longton?

Commissioners are considering various options for the use of the Longton hospital site as part of the engagement process. Phase one feedback has suggested using Longton as a Primary Care Diagnostic Centre.

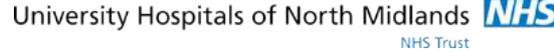
Following on from conversations with NHS England and NHS Property Services if the decision



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is taken to use the site differently, further formal consultation on any proposals will be undertaken.

Again, it is important to recognise that the new model of care suggests that fewer adult intermediate care beds will be required. If beds at a community hospital are not required, proposals for the hospital as a whole and the other services provided will be required followed by a period of consultation before decisions are made.

3.1.6 What Consultation has been done with patient groups?

A communications strategy was developed by commissioners and the NHS Midlands and Lancashire Commissioning Support Unit to engage with patients and the public. The engagement process has taken a phased approach with a break prior to the May 2015 elections. Phase two commenced at the beginning of June 2015. The engagement process is intended to help commissioners shape and refine their proposals, which will subsequently be shared with health scrutiny committees and more widely, and which will then require formal consultation.

The first phase of the engagement commenced in December 2014 and involved the widespread sharing of a comprehensive briefing (developed with support from Healthwatch) to targeted individuals including MPs, through the media, existing third sector, general practice and local authority networks. The briefing outlined the challenges faced by the health economy across northern Staffordshire and included a focus on delivering more care closer to where people live. The briefing also set out an initial programme of drop in sessions at local hospitals to gain patient and public views.

Representatives of the North Staffordshire and Stoke on Trent CCGs attended existing meetings of overview and scrutiny committees, patient groups, voluntary sector and primary care localities. Alongside all of this activity interviews on local radio took place.

An online survey supported by paper questionnaires logged the responses to the survey.

3.1.7 What was the result of the consultation?

Phase one feedback had 261 responses with the key themes of:

- Patients benefit from being at home
- Patients prefer to be at home

With the caveats:

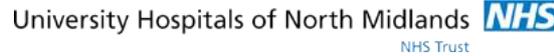
- Ensure that there is capacity in community services to support this
- Reassure the public about the future of community hospitals



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- Ensure that there will be support for spouse/family/carer
- Ensure patients will be followed up in the community
- Ensure that this is carefully implemented
- Ensure that the investment is made to support this

3.1.8 **When will the changes take place?**

Following the second phase of engagement and taking into consideration the views from responders, proposals will be shared with health scrutiny committees in September 2015, following which a formal period of consultation will take place. Commissioners will not pre-empt the outcome of any consultation, but it is unlikely that any permanent, major service changes will be made in 2015. Any changes to the system would be done in a considered, phased way to ensure the stability of the local health economy.

4.0 **Conclusion / Next Steps**

Following feedback from both Healthwatch organisations, other voluntary organisation attendees at drop in sessions and a public event on 30th March, it was decided that a working party should be formed in order to ensure we reach the networks of all voluntary organisations, key stakeholders, Providers and staff to ensure that we have a wider audience within North Staffordshire to engage and communicate with appropriately.

This group will help to shape proposals in the second phase of the engagement process to ensure that minority group views are captured.

Proposals will then be shared at health scrutiny committees in September.