



North Staffordshire Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

Consultation and Engagement Feedback Summary Report

Response to the “My Care My Way – Home First” new model of care proposal



INTRODUCTION

This report has been compiled by the Midlands and Lancashire Commissioning Support Unit on behalf of NHS North Staffordshire CCG and NHS Stoke-on-Trent CCG. It provides details of the formal consultation process for My Care, My Way – Home First, the proposed new model for community health services.

BACKGROUND

Clinical Commissioning Groups (CCGs) have a duty to commission services to achieve the best possible outcomes for patients. To do this, they regularly review their commissioning intentions in line with national guidance, clinical evidence and best practice and as a result the way that care is delivered improves.

Clinical best practice and a growing research base of clinical effectiveness suggests that commissioners should buy services that enhance rehabilitation and independence for patients following an acute admission to hospital or with chronic conditions or life limiting conditions, with a package of support and services centred on an individual's home and personal circumstances.

This represents a shift from a focus on beds to a focus on services provided to support patients where they live and tailored to their individual circumstances.

In Northern Staffordshire there has been an historic over-reliance on bed based services with a high number of patients being transferred from the acute hospital into community hospital beds across the area. In the 21st century, with new clinical working practices, interventions and treatment means this may not be the best or the most appropriate option for many individuals. In carrying out the review of services, the CCGs have considered published evidence, local hospital point prevalence studies and external expert opinion and are now seeking to commission these services in line with this best practice.

As a result, North Staffordshire and Stoke-on-Trent CCGs are developing a new model of care, known as My Care My Way – Home First, to put the emphasis upon community services tailored to the individual circumstances of each patient, improving choice and control over their daily lives, their personal care and dignity.

My Care My Way – Home First aims to support patients to remain fit and well and supported within their own homes without the need for an admission to a hospital bed. It will also support the patient's journey from the point of acute (hospital) admission should this be required to discharge home, delivered by a single organisation to ensure that the journey is integrated, smooth and trouble-free without the delays currently being experienced. The main focus of the My Care, My Way – Home First principles is to ensure that patient remains empowered, with a focus upon rehabilitation and support to be independent.

Over the past two years there has been an investment of c£12million in a range and quality of community health services (such as district nurses, intermediate care teams and specialist nursing teams) to ensure that support and care are based around the individual patient with the ultimate aim of delivering high quality care, closer to home.

The consequence of the successful implementation of My Care My Way – Home First is that more people will be cared for at home with a reduced demand for community hospital beds. This means that many community hospital beds will be empty and fewer beds will be required. As such, the CCGs will at the appropriate time formally consult on the future of the community hospitals.

At the start of the implementation of the new model of care, there were 244 adult intermediate and rehabilitation service (AIRS) beds across the five community hospitals; Haywood, Bradwell, Longton, Cheadle and Leek. The AIRS beds were commissioned to provide:

- Rehabilitation following an acute episode or deterioration in health that may require a range of therapies and medicines to allow them to return home together with sub-acute nursing and medical care.
- Patients with a terminal illness that requires sub-acute nursing and medical care during their dying days to provide pain relief and medical support in managing their symptoms

There is also a third pathway where patients are admitted to the community hospital whilst an assessment of their future care needs is carried out. The commissioners accept that this is sometimes necessary where their medical care requirements are such that they need the sub-acute nursing and medical input that the community hospital can provide. However, as described earlier, they expect to work with the provider to explore if there may be alternative ways in which this assessment can be carried out so that beds are freed up for the community hospital to focus more on the main objectives of providing care to patients during rehabilitation.

The community hospital beds have not been commissioned to provide long term nursing, residential or respite care and only by exception assessment capacity.

CONSULTATION AND ENGAGEMENT

Legal requirements

The Health and Social Care Act 2012 states that NHS bodies have a legal duty to consult when proposing changes to the way local health services are provided, operated or developed.

This requires collaboration and input from patients, carers and professionals, recognising the expertise and contribution made by all. Therefore, before any changes can take place, commissioners are required to obtain the views and opinions of the public and stakeholders by undertaking a formal public consultation.

Pre-consultation engagement – Phase 1

The legal duties of the CCG also require involvement of service users in the development of proposals and the CCGs undertook an extensive period of pre-consultant engagement to shape the proposals to be formally consulted on.

From December 2014 and throughout 2015 this first phase of engagement involved the widespread sharing of a comprehensive briefing, developed jointly with Health Watch, with local stakeholders including the voluntary sector, MPs and local authority networks. The CCGs also engaged with patients encouraging responses to a survey (available online and via hard copy).

There were 261 responses to the survey and key themes to emerge were:

- recognition that patients benefit from being at home;
- patients prefer to be at home; and
- support for the proposed model in principle.

Survey respondents also require assurance that:

- there will be the capacity in community services to support the new model of care, in particular the need to ensure GPs are supported;
- the CCGs would reassure the public about the future of community hospitals;

- spouse/family/carer would all be supported;
- patients will be followed up in the community; and
- the investment is made to support the changes to the new model of care.

There were 24 awareness events during this first engagement phase and along with the survey feedback these helped develop the proposals put forward for formal consultation.

Stoke Health Watch also submitted a report during this phase. This was a local report on Frail and Elderly Discharge forming part of a Health Watch England initiative.

Throughout this period representatives of the North Staffordshire and Stoke-on-Trent CCGs attended existing meetings of overview and scrutiny committees (OSCs), patient groups, voluntary sector groups and primary care localities. Alongside all of this activity there were interviews with local radio.

A Stakeholder Communications Group comprising representatives from Health Watch and patient groups was set up to develop the communications plan going forward into the formal consultation phase and support the production of documents for wider engagement with local people.

Formal Consultation

The Communications and Engagement plan developed by the Stakeholder Communications Group describes planned events and activities, includes a stakeholder analysis, and gives details of the information to be made available during the consultation period.

The approach to consultation was approved by Stoke on Trent and Staffordshire Moorlands Overview and Scrutiny Committees.

The CCG's proposals were described in the Case for Change and respondents were asked for their views on three key questions:

- Is there anything further the CCGs should be considering with regards to the My Care My Way model of care?
- Are there further mitigations the CCGs should put in place/consider in proposing this change?
- Are there any questions/issues that individuals would like to raise as part of this process?

Consultation Information

A dedicated area on both CCGs' websites provided access to information and the online survey. The proposals were described as part of the Case for Change document. This was also available as a hard document.

Events

Seven public events were held during the consultation period:

Date	Event	Attendees
23 rd October 2015	Moat House Etruria	23
3 rd November 2015	Fenton Manor	10
9 th November 2015	CoRE Longton	13
13 th November 2015	Guild Hall, Cheadle	13
20 th November 2015	Leek Council Buildings	9
23 rd November 2015	Neighborhood Centre, Bentilee	16

Publicity and Promotion

Leaflets were handed out at Tunstall, Longton and Newcastle Markets to raise awareness of the consultation and the online survey with both Healthwatch organisations and members of the My Care My Way – Home First communication group publicising both the events and access to the survey at meetings and newsletters during the period of consultation.

Press releases and media interviews were also held during the period of the consultation. Healthwatch North Staffordshire and Stoke-on-Trent also assisted by highlighting the events, survey and My Care My Way document upon their respective websites and twitter.

The My Care, My way – Home First consultation document and survey was distributed to local councillors, the City, County, District and Parish councils, Overview and Scrutiny Committees, members of both Stoke-on-Trent and North Staffordshire Patient Congress and over twenty voluntary organisations. Details of this can be found at the back of this document within appendix AB. An email box was also made available to members of the public and relevant organisation to post comments and queries.

Consultation methods

There were two main methods of consultation:

- An online survey asking for responses to the three consultation questions and for demographic information; and
- The series of six events run in conjunction with Healthwatch.

Online survey

There were 28 responses to the online survey. Although this is a relatively low response rate the CCG believes this may be the result of the extensive pre-engagement activities.

The table below provides a summary of the themes raised in responses to the survey.

Events

All six events followed a similar format. Representatives from the CCGs gave a presentation and then table discussions were held to discuss each of the three consultation questions. Healthwatch asked supplementary questions which were also discussed at the events.

Feedback from the events demonstrated support for the proposals but assurance is needed about the implementation and how it will work in practice.

Respondents want a 'whole-person approach', treating the person first, not just the illness. Problems do not happen in isolation – social and family circumstances and personal issues can have a profound impact on patients, and they need to be involved and empowered to make joint decisions with their healthcare professionals and families.

People said they wanted to ensure that families and carers of patients are supported as much as possible to prevent hospital admissions. They also want transport issues to be addressed, as journeys can be complicated and time consuming if you rely on public transport. The CCG will take transport factors into account when making decisions about location, and will work with voluntary services where necessary to provide solutions.

People want to be confident that they have quick and easy access to medical assessments and advice in a crisis and to be sure that GPs are available when needed. The events in particular highlighted the need for support out of hours and in particular for those with mental health needs.

Information sharing and good communication between the different services involved was seen as essential to the new approach. People want joined-up, co-ordinated services which are fully briefed on the patient's circumstances.

They want high-quality and accountable services which are fully-funded and patient focused, communicating clearly with patients and their families.

Patients say that navigating the system can be daunting for people who are ill and for their carers, and want themselves and their GPs to be better informed about the range of services available.

And they want staff to be fully trained in their areas of expertise and in how to communicate most effectively with their patients, particularly those with learning difficulties or other disabilities.

Concerns were raised about the capacity across Northern Staffordshire, particularly district nursing, general practice and domiciliary care and the need for assurance that these services are in place before any decision is made to reduce the current community beds.

Specific Responses

A detailed response was submitted by the Stoke Overview and Scrutiny Committee, highlighting a number of areas for consideration by the CCGs:

- there are fears that at the moment there is not sufficient care in the community for this to happen safely;
- stability of the domiciliary care workforce and the number of workers available is a concern;
- funding for the right services in the right place is crucial;
- there were very few members of the public at the consultation events. They were mostly user group's representatives or partner organisations;
- communication between partners is not currently sufficient for this to work seamlessly; and,
- GP's are at the centre of this type of care and the City currently has a shortfall which is likely to increase. This needs to be addressed immediately.

The OSC expanded on these points in detailed responses to the individual consultation questions.

Consultation Themes from the Surveys

Theme	Sample comment
Role of the voluntary sector	<p><i>"The voluntary sector is not mentioned. They provide valuable services which are funded from year to year, or funding cut. Give long term contracts with realistic funding, for example Age UK intermediate care."</i></p> <p><i>"Has the cost of community nursing/care as opposed to community hospitals really been costed realistically? The role and support of the 3rd sector needs more consideration and a change of mindset of some of the "professionals" in terms of working alongside volunteers to deliver a "holistic" service."</i></p>
Will patient needs be understood and met as well in the community as in hospital?	<p><i>"That the people making decisions about patient returning home make a decision based on actual home not on a very artificial "hospital" test. Without seeing the home they can't possibly make an informed decision. I say this because earlier in the year my wife was returned home based on climbing hospital stairs. When I got her home she got halfway up the stairs and couldn't climb any further. They knew that a stair lift wouldn't be fitted in time for her planned return. The social services person was excluded from the decision even though or perhaps because of saying she wasn't fit."</i></p>
Availability of appropriately trained and skilled staff and funding for new model of care?	<p><i>"Ensure that appropriate mental health community services are in place to support the GP, Integrated nursing and Care teams."</i></p> <p><i>The care services need to be appropriately staffed with well trained and skilled staff who have the time given to meet patients' needs. The time for rehabilitation cannot be underestimated."</i></p> <p><i>"My major concern is that the NHS/ Councils will not adequately fund the domestic and clinical care in the Community by ensuring there are adequate GP's, Trained Nurses and support staff to meet the needs of a growing population of elderly people."</i></p>
Lack of information to support the proposals	<p><i>"Why hasn't any of your research been made public & what assurances can you give to the public about any after care that WILL be needed? You must have done lots of research about this so where is it & why haven't you made it public? & what about the aftercare that will be needed for elderly patients with Alzheimer's for example? Patients who have no other family to rely on?"</i></p> <p><i>"Publish figures (absolute not percentages) of hospital patients who have been discharged from hospital after treatment and then are subsequently readmitted for further treatment or care. Also publish in each case the results of your investigation into the premature discharge and what steps you have taken to reduce/eliminate the number of patients discharged prematurely."</i></p>
Communication and co-ordination between agencies	<p><i>"Comprehensive communication services to users (patients) and clinical professionals to give guidance and support/clinical/social services available - a DOS."</i></p> <p><i>"Better coordination in terms of who the patient relates to for their needs. People needed at the end of a phone - not answerphone."</i></p>

Independent review

Whilst undertaking the My Care My Way consultation North Staffordshire and Stoke on Trent CCGs committed to commission an independent review of the process. Highlighted below are the key recommendations and areas of learning:

1. The CCG will provide more information on the reasoning behind the proposed model of care. The additional information will provide further evidence in support of the new model of care;
2. The CCG will publish the Equalities Impact Risk Assessment setting out any implications for the protected characteristic groups. Ongoing communication and engagement activities will take account of the need to target these groups to ensure they are aware of the proposals and have the opportunity to give feedback;
3. The CCGs will consider consultation requirements in relation to any specific changes it makes to services to implement the new model of care. The consultation focused on consideration of the proposed model and therefore specific changes may be subject to consultation.
4. The CCG will publish a timeline setting out immediate next steps following publication of the consultation report; and
5. The CCG will continue to work with other NHS bodies, local councils and patient groups to consult on our proposed plans for change to seek views on how best to deliver health services across Northern Staffordshire.

Actions so Far

The My Care My Way engagement and consultation provided the CCGs with rich information about what is important to patients and the public in terms of services and how they are delivered. Overall the feedback we received indicates that there is consensus that care at home is supported.

Building upon this the commissioners have made changes in the way they commission services, working closely with social care, voluntary sector and mental health to develop services which do support a person as a whole.

We recognise that timely access to sufficient domiciliary care is a challenge, and the CCGs and local authorities have been working together to develop the market and commission additional capacity. There has also been investment in home care services to care for patients at home whilst a maintenance package is sourced. In addition, where a patient is in a community bed and should be at home with social care support, suitable alternative services such as a nursing or residential care bed with wrap around support will be commissioned whilst a package of care is sourced, which is more appropriate than a bed on a hospital ward.

The CCGs have invested £1.3million additional monies into the provision of re-ablement, which will support people at home to return to independence, supporting assessment to take place at home as opposed to within a hospital bed.

We are also concentrating on supporting patients through the very complex journey they often take when they are unwell, understanding the importance of having a single person who a patient can rely upon for support and advice when needed.

The feedback also identified that Primary Care services are critical and that without additional resources and support My Care My Way could not be implemented. The CCGs have committed additional monies to support GPs to reduce the need for patients to go into hospital, this involves moving services such as District Nursing, Physiotherapy and Mental Health closer to GP services making it easier for service to link together to support patients at home. This is being piloted in two areas at present but is expected to be rolled out in the next six months to cover the whole of North Staffordshire. We have also recruited GP Fellows who will give additional support to clinicians within the community.

There is also commitment to providing seven day access to Community and Primary Care services. The first of the Primary Integrated Care Hubs will be in place in October 2016 with a plan to implement this model across the whole of Northern Staffordshire.

There has also been changes made to the way our most frail and vulnerable patients are cared for. We now have direct referrals to Intermediate Care Advanced Nurse Practitioners to 54 nursing and residential homes across northern Staffordshire, bringing rapid assessment and decision making to the patient at home which is successfully reducing the need for patients to go into hospital. The plan is for this scheme to be rolled out across all of our nursing and residential homes over the next six months.

The Geriatrician team within UHNM, Advanced Community Practitioners and social care workers are working closely together within the Accident and Emergency Department, reviewing patients quickly and successfully returning people home with care as opposed to admitting people into beds to wait for assessments. The initial results from this initiative are encouraging, seeing a 20% reduction in admission for patients who are over seventy years of age, a patient cohort we understand are most affected by a hospital stay.

Ongoing engagement

The CCG has committed to continuing to engage with stakeholders to take the new model forward as there is still significant work to undertake. In particular, around ensuring we have the right configuration of out of hospital services to meet need. The CCGs are working closely with social care and health providers to support the reduction of the number of beds we currently have within our system.

It is our intention that a further consultation will be undertaken later in 2016 and/or early 2017 which will look at the future of the community hospitals. The CCGs are committed to involving patients, the voluntary sector and other interested parties to support ongoing development of these proposals, and are grateful for the involvement of people who have given their views on the proposals. Also for the continued interest many people have in helping to ensure they are successfully taken forward.

Summary of themes from survey responses

Profile of responses:

Gender	
Female	15
Male	11
Prefer not to say	1
(blank)	1
Total	28

Age Group	
25 – 34	1
35 – 44	2
45 – 54	4
55 – 64	9
65 – 74	10
75 – 84	2
Total	28

Ethnicity	
Prefer not to say	1
White British	26
(blank)	1
Total	28

Disability	
No	15
Yes, a little	7
Yes, a lot	6
Total	28

Area where respondents live	
Betley/Newcastle Rural	1
Newcastle	7
Staffordshire Moorlands	9
Stoke-on-Trent	10
(blank)	1
Total	28

Respondents description of themselves	
Member of the public	12
NHS staff member	1
Patient	5
Third Sector Organisation	4
Unpaid carer	6
Total	28

Further considerations/mitigations/questions raised:

Further considerations for the MyCareMyWay model	
Comprehensive Communication Services	5
The third / voluntary sector	4
Trained and skilled staff	3
Assessment of the Project	3
Keep Community Hospitals	2
Ensuring monitored once at home	2
Care plan for Carers	2
Rigorous Independent living Tests	2
Transparency of figures	1
Guarantee Care Packages available	1
Appropriate returning home tests	1
Costs	1
Role of Telecare/Telehealth	1
Housing Sector for homes for elderly	1
Total	28

Further mitigations to put in place / consider in proposing this change	
Patient First	4
All Sectors work together	3
No closures of Hospitals/reduction in beds	3
Rigorous Independent living Tests	2
Staff training	2
Informed Decisions	2
Costs	2
Formal Review	2
Support for carers	2
Role of Charities	1
Larger Pharmacy	1
Re-open Longton Cottage	1
Effective Information Sharing	1
Digital DOS	1
MH Community Services to support GP/ Care Homes	1
Discharge Information	1
Information in Surgeries	1
Total	28

Questions / issues raised	
Costs	3
After discharge support	2
Staff Training/plans	2
Monitoring plans	2
Plans to sustain service levels	1
Re-open Longton Cottage	1
Make after-care research public	1
Consider carers	1
No Fixed abode fit in to system	1
Use Voluntary Sector	1
Total	28