The Future of Local Health Services in Northern Staffordshire

Options consolidation

Reference Group
10th May 2018

Agenda

- 10.00am Overview of why we are here
- 10.15am Context of the case for change, and key areas of work
- 10.30am Community beds provisional long list and hurdle criteria
- 10.45am *Table Discussions*
- 11.15am Community services key considerations and process
- 11.30am *Table Discussions*
- 12.00pm Evaluation criteria
- 12.15pm *Final Q&A*
- 12.30pm Next steps and close

1. Overview

Why We are Here

- To recap on where we have got to
- To check that we have captured all of your previous feedback and understood this
- To present indicative long list and criteria for beds, and the process for wider services
- To prepare you for our next workshop on 25th May

Options Development: Process

Step 1

- **October – December 2017**
- Listening Events
- Online Survey
- Bespoke Events
- Clinical Engagement

Step 2

- **January – April 2018**
- Options Development Event
- Options Appraisal Event
- Commissioner & Execs Consideration
- Partner involvement
- Data Modelling

Step 3

- **May 2018**
- Today check we have captured all of your previous feedback and understood this, present indicative beds long list
- 16th May Expert application of hurdle criteria – must haves
- 25th May Options Evaluation – desirables

Step 4

- **June 2018**
- Ranked Shortlist
- Due consideration by Governing Body

Pre-Consultation Engagement and the Modelling

The purpose of the pre-consultation was to:-

- provide meaningful information upon which stakeholders had sufficient understanding to get involved;
- gather information and listen to ideas
- use the information provided to consider the opinions expressed to develop our proposals for formal consultation.

The options developed for the future provision of health services will be co-produced with members of the public and stakeholders.

The purpose of today is to check that we have understood you, and present indicative options in areas

Purpose of today

- Outline the areas of analysis being undertaken (beds, wider community services)
- Initial definition and long list of options for beds
- Check we have captured what you have told us on the wider services, and the process for taking this forward and developing options
- Check we have captured what you have told us on the evaluation criteria

What we won't be doing today

- Scoring or short listing

This is part of a process to reach NHSE Assurance

- Reference Group #1 10th May
- Reference Group #2 25th May
- Testing with Governing Bodies, Councils, legal advisors

2. Context

The draft case for change is founded on a number of challenges that the health economy is facing

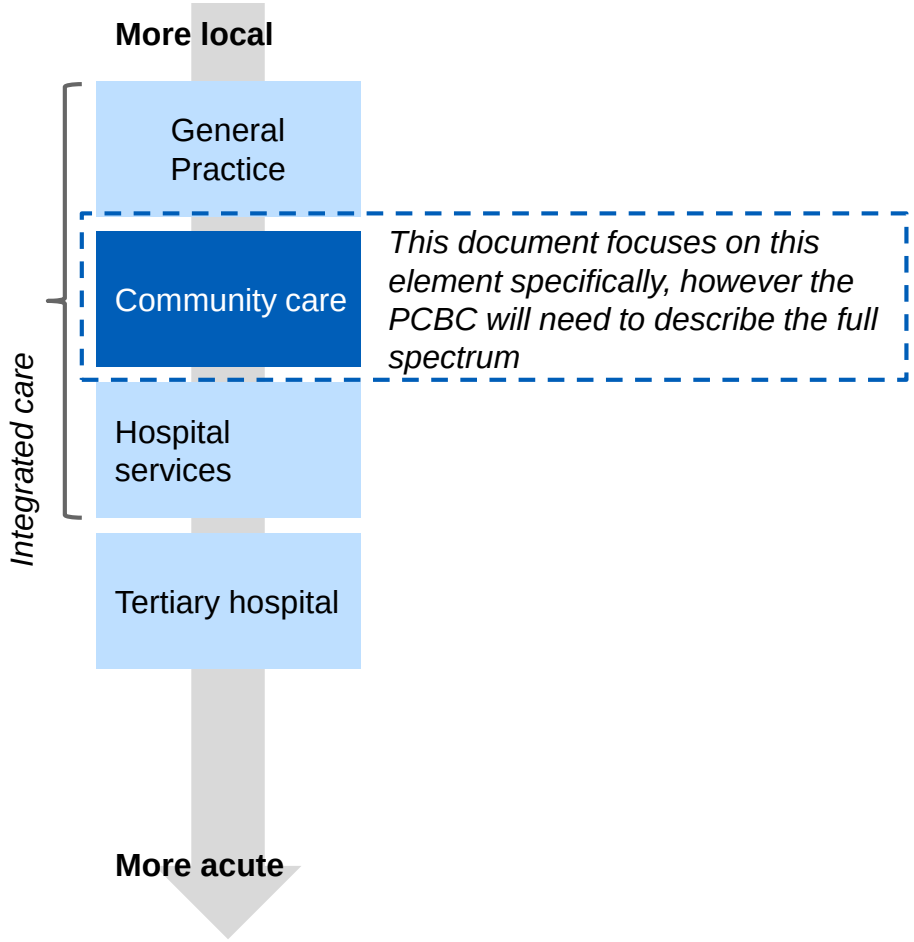
There are three key challenges to be included within the case for change

Clinical	• Health and wellbeing (growing demand, aging population, prevalence, inequality) • Patients in the wrong place, meaning higher risk and worse outcomes • Findings of point of prevalence studies (9% appropriate for beds) • Workforce
Estates	• Estates not evenly distributed • Some of the community hospital buildings were built before 1948 • Urgent repairs are required across the community hospitals (£7.5m backlog maintenance)
Financial	• There is a **significant deficit** of c.£10m for the community Trust who own the community hospitals • This is contributing to the significant financial deficit of the whole health economy; Staffordshire STP estimates that there will be a funding gap of over £500m by 2020/21 including cost pressures in Social Care.

Whilst we are considering the future of the Community Hospitals, we need to consider other local health services

- The model of care across Staffordshire will be changing
- We are looking to develop more community centred service where the teams which look after you are based within hubs in your communities
- This transformative approach is being developed as part of the STP
- This **process focuses on the community services** – specifically, the clinical model and subsequent options for their delivery

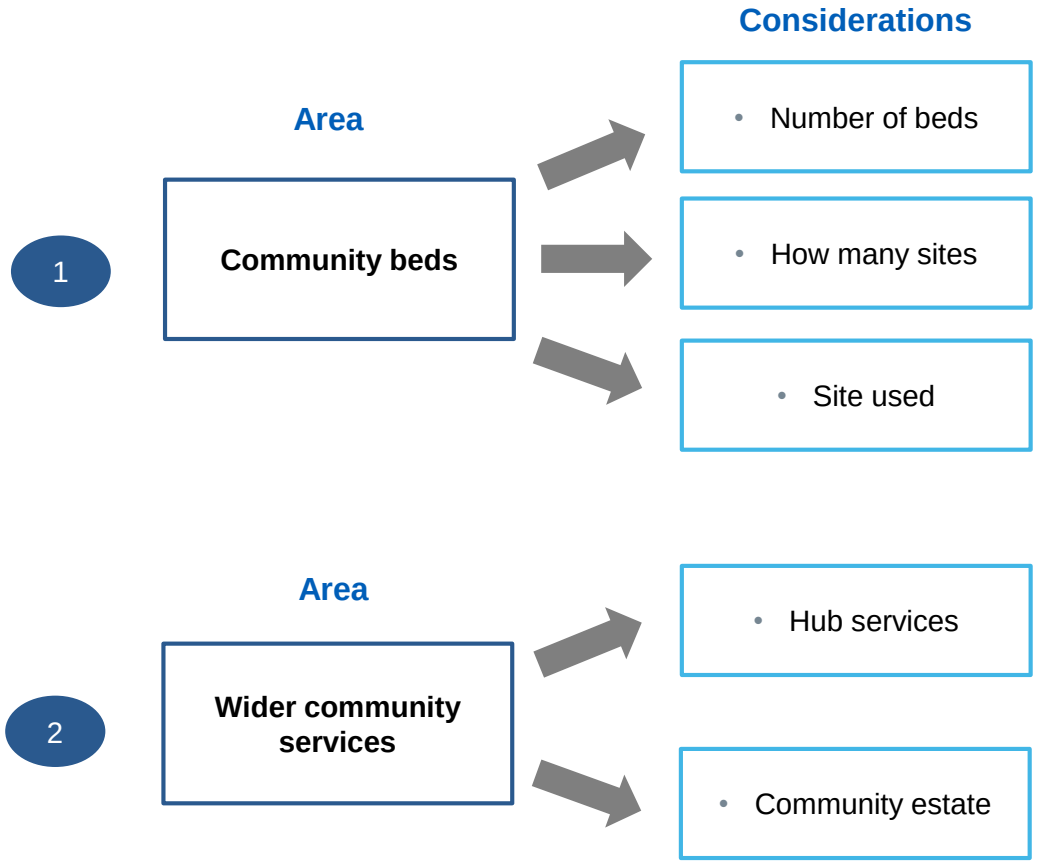
Spectrum of care and scope of this work



The options appraisal will consider impacts across two key areas

The focus of this work will be undertaking optionality analysis and consulting on the community beds element.

This will be supplemented by analysis regarding the provision of wider community services.



3. Community beds

Understanding the key areas of optionality around the community beds

	Question	Permutations
Number of beds	How many beds are required?	• Beds base prior to temporary closures • Temporary bed base • Other
How many sites	How many sites could we deliver hospitals from?	• 1 • 2 • 3 • 4 • 5
Site(s) used	Which sites could be used to deliver community hospitals?	• 1 to 5 existing sites • Alternative provision (new, other)

Analysis suggests 132 beds are required in the context of the new care model

Number of beds

- Analysis has been undertaken, which calculated the required number of beds based on the current average number of referrals, highlights that a bed base of 132 meets needs.

- Initial evidence from the National Intermediate Care Audit demonstrates that North Staffordshire and Stoke on Trent CCGs have nearly three times as many community beds per capita than the average.

- Methodology of the analysis undertaken has demonstrated:

- Average weekly referrals from Acute and Community hospitals over a 13 week period.
- Multiplied by % of total referrals for commissioned beds
- Commissioned bed weekly referrals split between Rehab / Assessment, Palliative and EMI.
- Weekly referrals converted to annual referrals.
- Average Length of Stay applied to calculate annual bed days.
- Annual bed days is divided by 365 days and 95% occupancy rate to calculate total required beds.
- Total beds **132**.

This could still leave 57 potential solutions

Provisional long list

Using the number of beds as a fixed point, there are still 57 potential solutions in the long list.

All possible solutions within the defined dimensions

n=57

This is based on the various permutations around the ‘How many sites’ and ‘Sites used’ categories.

No consolidation: do nothing - the number of community beds across the 5 sites remains the same

n = 1

#	# Sites	Beds	Site combination
1	5	264	Longton, Leek, Cheadle, Bradwell, Haywood

Full consolidation: 132 beds consolidated across 1 single site

n = 6

#	# Sites	Beds	Site combination
2	1	132	Longton
3	1	132	Leek
4	1	132	Cheadle
5	1	132	Bradwell
6	1	132	Haywood
7	1	132	New site

Partial consolidation – 132 beds consolidated across 2 sites (existing 5 sites and one new)

n = 15

#	# Sites	Beds	Site combination
8	2	132	Longton, Haywood
9	2	132	Longton, Cheadle
10	2	132	Longton, Leek
11	2	132	Longton, Bradwell
12	2	132	Longton, New site
13	2	132	Haywood, Cheadle
14	2	132	Haywood, Leek
15	2	132	Haywood, Bradwell
16	2	132	Haywood, New site
17	2	132	Cheadle, Leek
18	2	132	Cheadle, Bradwell
19	2	132	Cheadle, New site
20	2	132	Leek, Bradwell
21	2	132	Leek, New site
22	2	132	Bradwell, New site

This could still leave 57 potential solutions

Provisional long list

All possible solutions within the defined dimensions

n=57

Partial consolidation – 132 beds consolidated across 3 sites (existing 5 sites and one new)

n = 20

#	# Sites	Beds	Site combination
23	3	132	Longton, Haywood, Cheadle
24	3	132	Longton, Haywood, Leek
25	3	132	Longton, Haywood, Bradwell
26	3	132	Longton, Haywood, New site
27	3	132	Longton, Cheadle, Leek
28	3	132	Longton, Cheadle, Bradwell
29	3	132	Longton, Cheadle, New site
30	3	132	Longton, Leek, Bradwell
31	3	132	Longton, Leek, New site
32	3	132	Longton, Bradwell, New site
33	3	132	Haywood, Cheadle, Leek
34	3	132	Haywood, Cheadle, Bradwell
35	3	132	Haywood, Cheadle, New site
36	3	132	Haywood, Leek, Bradwell
37	3	132	Haywood, Leek, New site
38	3	132	Haywood, Bradwell, New site
39	3	132	Cheadle, Leek, Bradwell
40	3	132	Cheadle, Leek, New site
41	3	132	Cheadle, Bradwell, New site
42	3	132	Leek, Bradwell, New site

Partial consolidation – 132 beds consolidated across 4 sites (existing 5 sites and one new)

n = 15

#	# Sites	Beds	Site combination
43	4	132	Longton, Haywood, Cheadle, Leek
44	4	132	Longton, Haywood, Cheadle, Bradwell
45	4	132	Longton, Haywood, Cheadle, New site
46	4	132	Longton, Haywood, Leek, Bradwell
47	4	132	Longton, Haywood, Leek, New site
48	4	132	Longton, Haywood, Bradwell, New site
49	4	132	Longton, Cheadle, Leek, Bradwell
50	4	132	Longton, Cheadle, Leek, New site
51	4	132	Longton, Cheadle, Bradwell, New site
52	4	132	Longton, Leek, Bradwell, New site
53	4	132	Haywood, Cheadle, Leek, Bradwell
54	4	132	Haywood, Cheadle, Leek, New site
55	4	132	Haywood, Cheadle, Bradwell , New site
56	4	132	Haywood, Leek, Bradwell, New site
57	4	132	Cheadle, Leek, Bradwell, New site

A number of hurdle criteria have been developed to reduce this provisional long list of options

Hurdle Criteria ('Must Have' Criteria)

The hurdle criteria will be applied to move from a long list to a short list which will be evaluated.

An initial view of hurdle criteria is presented below:

- **Quality care.** Does the option support improvements in the quality of care delivered? Are we able to safely staff the site?
- **Deliverability.** Are we able to fit the beds into the estate of a site?
- **Affordability**. Is it affordable to the system?

Working session: To discuss long list development and hurdles

Questions to consider:

1) Have we missed anything in the long listing?

2) Do you have comments on the hurdle criteria?

3) Is there anything you don't understand and need further clarity on?

4) Any other questions or concerns?

4. Wider community services

There are two key areas to the wider community service element that are being developed

Aligned to the engagement undertaken to date, analysis regarding the following key areas is being undertaken:

1. **Hub services and locations**

2. **Community estate**

The following slides outline important considerations across the above areas.

Hub Services (1/2)

Key considerations include:

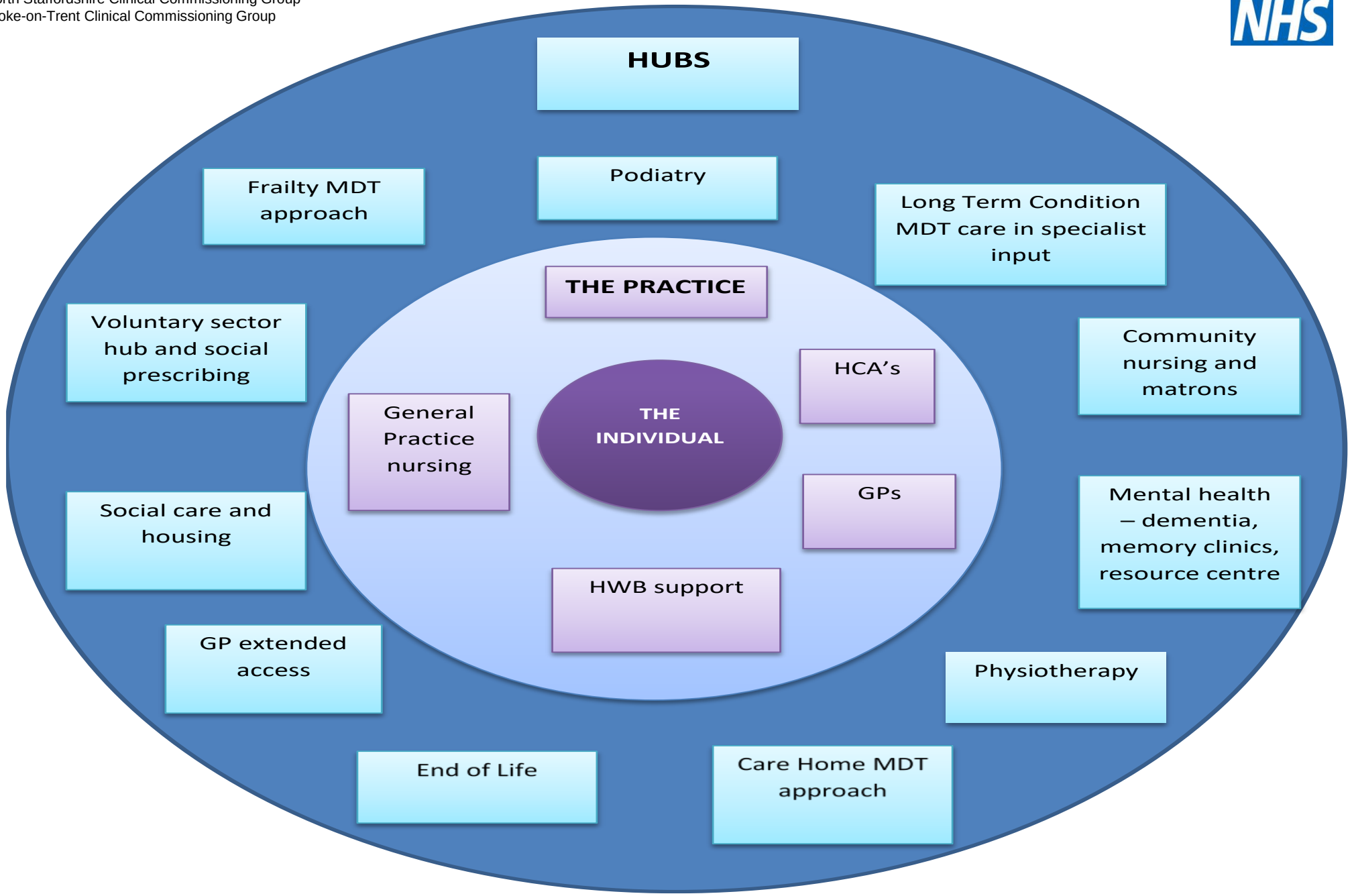
- **Principles**
  - Provision of services at scale
  - Community centred care
  - MDF approach
  - Extended access to GP practices
  - Coordination of cross sector services
  - Holistic and based on patient needs

- **Number of hubs**
  - Aligned to the number of practices, localities and based around population groups

- **Core service offering**

Hub services (2/2)

- 77 practices in Stoke and North Staffordshire
- From the 77 practices, there are 8 localities who geographically aligned to work together to support local service provision
- From the 8 localities, in order to deliver services at scale to benefit local populations, it is proposed that there will be 4 Hubs serving population sizes of between 100,000 and 190,000 to deliver the following


HUBS
Frailty MDT approach
Podiatry
Long Term Condition MDT care in specialist input
THE PRACTICE
Voluntary sector hub and social prescribing
Community nursing and matrons
HCA's
General Practice nursing
THE INDIVIDUAL
GPs
Social care and housing
Mental health – dementia, memory clinics, resource centre
HWB support
GP extended access
Physiotherapy
End of Life
Care Home MDT approach

Community estate

Key considerations include:

- **Where can the services be provided from?**
  - Existing Community Hospital
  - Other facilities better suited
  - Meir Hub case study example

Optionality of the long list by site is presented (1/2)

Site	Options
Longton	Option 1. Do nothing
	Option 2. Accommodate the new service model within the Longton hospital site
	Option 3. Expand the ETTF primary care development to include the enhanced services
	Option 4. As option 3 with the addition of1 other associated elements to create a health care village approach
	Option 5. Site repurposing
Leek	Option 1. Do nothing
	Option 2. Accommodate the new service model within the Leek hospital site
	Option 3. Redevelop the Leek hospital site to incorporate the new clinical model, primary care at scale incorporating GP services
	Option 4. Redevelop the town centre site where the existing health centre is located as part of an urban style health care village
	Option 5. Redevelop the Kniveden Hall site to incorporate health services within a wider health care village
	Option 6. As option 4 but maintain services at Leek hospital site in addition to the new care village
	Option 7. Site repurposing
Cheadle	Option 1. Do nothing
	Option 2. Accommodate the new service model within the Cheadle hospital site
	Option 3. Redevelop the Cheadle hospital site to incorporate the new clinical model, primary care at scale, (incorporating GP practices)
	Option 4. As option 3 with the addition of other associated elements to create a health care village approach
	Option 5. Site repurposing

Optionality of the long list by site is presented (2/2)

Site	Options
Bradwell	Option 1. Do nothing
	Option 2. Minor reconfiguration of services within existing building
	Option 3. Redevelop the whole site as a health care village incorporating the new care models
	Option 4. Retain part of the site for specific services
	Option 5. Site repurposing
Haywood	Option 1. Do nothing
	Option 2. Accommodate the new service model within the Haywood hospital site
	Option 3. As option 2 above and in addition look to develop a health care village in the locality, (on a separate site), to enable GP practices to come together to develop primary care at scale along with other associated accommodation
	Option 4. Site repurposing

Working session: To discuss hub services and estates long list

Questions to consider:

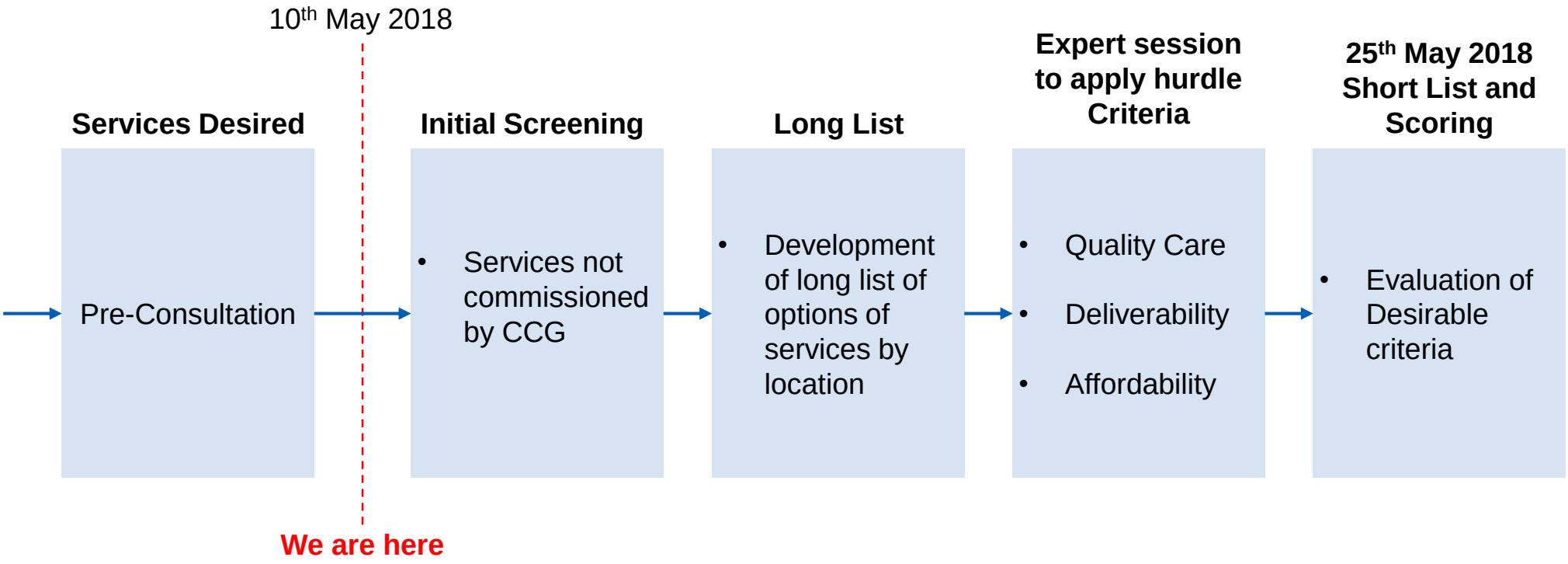
1) Have we missed anything in the description of the hub services or estate long list?

2) Is there anything you don't understand and need further clarity on?

3) Any other questions or concerns?

Process of working towards the short list

Process for developing options around the wider community services.



Considerations

Not Commissioned by CCGs

- Drug & Alcohol services
- Smoking cessation
- Sexual health
- Hydrotherapy
- Fitness Support
- Respite care

Can't be provided everywhere

- Diagnostics
- Urgent Treatment Centre
- Maternity / ultrasound

5. Evaluation criteria

Evaluation criteria for discussion

- The short listed options will be further considered through applying a set of evaluation criteria.
- An initial set of draft evaluation criteria have been developed, which could be used to assess the potential impact and opportunities associated with the options. **These are draft subject to review.**

#	Evaluation criteria	Sub criteria
1	Clinically sustainable	• Safety • Clinical quality / outcomes • Meeting clinical standards • Clinical Governance of services • Long term Workforce • High quality training • Needs to be efficient to maximise capacity at the most local level possible • Services that will be available and secure into future • Integrated teams • Focus on prevention and education
2	Fit with national and local strategy	• Strategic alignment • Five year plans – Five Year Forward View, Mental Health 5 yr Strategy • CCG Operational Plans • Commissioning intentions • Staffordshire Transformation Partnership • Joined up social and health care commissioning • National strategy for care closer to home •
3	Affordable	• Income & Expenditure impacts • Net present value of options • Capital receipts and expenditure

#	Evaluation criteria	You told us this means:
4	Quality care	• Holistic – patient centred, personalised approach • Parity between physical and mental health • Safe, timely and effective • Correct diagnosis • Delivery of waiting times • GP standards for recalls and use of technology • Available, accurate and up-to-date patient information • MDT and Integrated Care Teams – skills mix to meet the needs of patients • Seamless services, patient experience • Good / Outstanding CQC scores • Environment – premises/ languages / clear communication
5	Meets need	• Based on demand in the local area • Needs not want - be realistic and honest • Based on clinical evidence • Self-management support • Mange long term conditions within the community – i.e. sufficient depth and quality of services to keep people out of hospital • Timeliness • Equity of service • Objective modelling
6	Accessibility	• Travel time & transport routes with subsidised transport • Digital Technology - skype, telephone conversations, apps • Equity of service based on local need • Electronic patient records to be available to all Health and Social Care • Waiting times • GP opening hours – extended hours • Out of Hours • Car parking • Outpatient clinic availability • IT – linking care records across organisations • Communication: Speak plainly, Health literacy, Patient centred language

Final Q&A Session

6. Next steps

Next Steps

- 16th May: Experts will apply Must Have's Hurdle criteria to produce shortlist
- 25th May: revisit the criteria, long list and short list (outcomes of expert session) and evaluate the options against the desirable criteria
- 20th June: Submit PCBC to NHS England
- 5th July: NHS England Panel>>>>> 50 day process

Thank you for your time - See you on the 25th