

## Health & Well Being Scrutiny meeting 8 July

### 1. How many District Nurses are needed to deliver the new service?

The development of a case managed approach supported by District Nurses (also known as ILCT – Integrated Locality Care Teams) commenced in October 2013 and saw commissioner's invest in the service to increase the district nursing staff by 67.5wte across Northern Staffordshire (37.5wte within North Staffs CCG localities, 30wte within Stoke Localities). This brought the district nursing teams in line with best practice figures of 50 DN per 100,000 populations.

### 2. How many District Nurses do we have now?

The Partnership report monthly the level of staffing to CCGS, May reports indicates there are:

Total number of staff within district nursing teams (excluding bank and agency) within North Staffordshire (Newcastle and the Moorlands) is 111.48wte; this is further broken down below.

- 75.92wte Registered Nurses (Band 8a to Band 5)
- 24.31wte Unregistered staff (Band 4 to Band 3)
- 3.93wte phlebotomy staff
- 7.45 administration staff

Total number of staff within the district nursing teams (excluding bank and agency) within Stoke is 133.90wte; this is further broken down below.

- 101.61wte Registered Nurses (Band 8a to Band 5)
- 18.81wte Unregistered staff (Band 4 to Band 3)
- 6.80wte phlebotomy staff
- 6.10wte administration staff

### 3. How many District Nurses were recruited recently and of those how many have been retained?

Since April 2015, 29wte registered nurses have been offered jobs by the Partnership Trust, with a further 14 people being interviewed. From April there had been a drop in workforce of 0.13wte in North Staffordshire DN team and 0.74wte within Stoke teams. Those individuals offered places in April will not show within May's data; therefore we cannot confirm the exact numbers regarding those who have been offered jobs.

#### **4. What other staff are needed to deliver the Step up Step down new model of care?**

Step Up and Step Down crosses a wide spectrum of care to ensure delivery of an individualised approach to care. In the main SUSD requires the following staff to be in place:

- Physiotherapist
- Occupational therapists
- Rehabilitation support workers
- Social workers
- Domiciliary care workers
- Reablement workers
- Advanced Nurse Practitioners and Specialist Nurses
- Medical support – this ranges from GP to Consultant level
- CPN
- Mental health support workers
- Volunteers

This list is not exhaustive, services and personnel will be bought in to support the individual in the most appropriate way.

#### **5. In the event that there are not enough staff in place to deliver the service in October what contingency plans do you have?**

We have worked closely with all providers to model the level of care needs required in the system, this has guided us to commission the level of care within community and bed based services. In addition to this an independent review of capacity and demand is being undertaken and is expected to report to the Chief Executives outlining the level of demand within the system and the capacity within services needed to reflect this.

On a day to day basis, providers utilise bank and agency staff in the event that there is a shortfall in staffing numbers.

CCGS have also scoped out alternative providers of services in the event that there is a shortfall in service provision.

**I want a clear breakdown of where and how many community beds are planned to be closed.**

Beds within Longton Cottage Hospital that were temporarily opened over the winter are expected to close again in August 2015. This will result in a reduction of 37 beds.

In October a private contract held with a nursing home will cease this will reduce bed capacity by a further 30 beds.

There are a number of beds which were bought on line as part of the winter resilience plan these are expected to close by September.

**I support in principle the idea of people being discharged from hospital sooner and being able to go home but I am concerned that the appropriate support will not be in place by October to deliver this new model of care and my support for this is dependent on the satisfactory answers to my questions above.**

***Councillor Hilda Johnson***