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Dear Marcus

Strategic Sense Check – North Staffordshire Community Beds

Thank you for attendance at the 28th July Strategic Sense Check Meeting for the North Staffordshire Community Beds, and for the preparation and presentation from your team. As you aware the Strategic Sense check is stage 1 of the Assurance process as set out in guidance by NHS England in the "Planning, assuring and delivering service change for patients." The purpose of this checkpoint was to determine the level of the next stages of assurance and decision making required for the North Staffordshire Community Beds programme. This included:

- Exploring the case for change and level of consensus for change
- Ensure a full range of options are being considered; that potential risks are identified and mitigated; and that options are feasible
- Ensure high level capital cost and revenue affordability implications are being properly considered
- Show impact on neighbouring commissioners and populations has been considered
- Ensure assessment against the 'four tests' is ongoing and other best practices tests are being applied proportionally. Additionally there is a requirement to consider the alternative provisions and workforce, how proposals can support a reduction in admissions and importantly how the proposals will improve key constitutional performance measures
- Agree a proportionate framework for stage two assurance based on the four tests and best practice checks

- Determine the level of assurance and decision making and whether the process is likely to require sign off from Investment Committee, the CFO or whether it rests with the relevant Regional Director

This letter sets out the view that the NHS England DCO panel formed following our meeting and the necessary next steps prior to the stage 2 formal assurance panel meeting.

Overall Assessment

The panel were unsure of the scope of the proposed changes and indeed whether it was actually a true consultation as the beds are effectively already closed. The paperwork presented didn't focus on the wider context and what the specific configuration options are therefore our summary below is based on the documents received. However our overall understanding of what you require support/ formal assurance to consult upon on was significantly enriched during the discussions. Furthermore we are clearer that this should be a genuine consultation subject to you establishing the required assurance.

The detail of the panel's findings and recommendations are described below.

Four tests for service change

1. Clear clinical evidence base

You demonstrated that your proposals had extensive clinical leadership input from a number of organisations. This included input from the CCG, Primary Care, Secondary Care, Mental Health Trust and the Clinical Senate.

In order to strengthen your business case you will need to:

Clearly demonstrate that you do not need the beds in particular recognising the challenges of the Local Health Economy. You will need to evidence a capacity plan which right sizes the in and out of hospital provision which has the clinical support from secondary and primary care clinicians .

- Address the main concerns related to primary care and the social care capacity.
- The challenges around Social Care need to put across more strongly in order that the Home first approach can demonstrate how it can reduce the need for Social Care.
- We would expect that you act upon the findings on the Clinical Senate Review and for you to present your overall community hospital propositions to them prior to the formal Regional Assurance panel
- The panel also asked for reassurance that local authority colleagues i.e. Stoke on Trent City Council were supportive of the proposal and the shift of care into the community.

2. Patient and public involvement

Overall the panel were satisfied that you had undertaken considerable steps to engage patients and the public on the model of care. However, it needs to be noted that there is considerable political interest regarding the temporary closure of beds at Leek Community hospital. The documentation lacks the context of the entire community hospital review so it is difficult to evidence that the public have been engaged on the specific implications of each site. Moving forward and in order to strengthen your business case you need to:

- Be clear on what you are going to consult bearing in mind the engagement events the STP will also be commencing in the next few months.
- Show examples on how engagement has shaped your proposals.
- Consider the how the views of Carers can be considered and how the voluntary sector can contribute.
- We would also like to see how your local GPs have support the proposals in particular the practices close to the Community Hospitals e.g. Leek General Practice. This could include examples on how they as members of the CCG have engaged with their patients and communicated their support and benefits of the proposals. For example this could be evidence from the patient participation groups etc.

3. Impact on patient choice

The documentation we have reviewed lacks an option appraisal on the future state and therefore we cannot see what has been considered for each of the sites. This is the cornerstone of any consultation and therefore you will need to show the specific service configuration options in your Pre Consultation Business Case (PCBC).

You do make the case strongly on the Discharge to Assess (D2A) / Home First Model that patients and their families support and like this approach.

This section overall needs some considerable focus and evidence that patient choice has influenced the development of the plans.

4. Support of clinical commissioners

The PCBC focuses on the Home First model and it clear that the clinical commissioners have led extensively and are engaged in this. Their wider involvement with regard to the future models in the community hospital is less well described. This is probably in part because the documentation lacks this detail. On page 33 of the PCBC we can see the high level current state of the community hospitals but as the document doesn't describe the options for each of these we are

unable to see the level of clinical support. As 3 above this will need some considerable attention in the next iteration of the PCBC.

5. Capacity plans

With regard to the Community beds the panel were presented with an activity table regarding the impact of D2A on the community beds however in order to assess the impact on performance and the system there is a need to have an overall system capacity plan. The performance of this system is under national scrutiny due to persistent failure to deliver A&E and high rates of DTOCs and therefore any potential reduction in bed capacity is likely be subject to additional oversight.

NHSI will also need to have assurance that the system can actually plan and meet spikes in demand and have sufficient capacity to cope with winter and seasonal surges in demand.

There was no detail with regard to the capacity modelling of other services in the community hospitals so this will require detail in the next iteration of the PCBC.

6. Alternative provisions/workforce

The information provided page 50-51 sets out the workforce model relating to implementing D2A but does not cover the workforce model for the community hospitals/ acute and for the impact on GPs and the primary care team. This would require detailed modelling and including in the next iteration of the PCBC.

7. Reduction in admissions

You identified that D2A is not an admission avoidance scheme in its own right but does have a key part to play in supporting the following admission avoidance schemes. You have a number of commissioned services that support admission avoidance which you will need to reference in your final business case.

8. Plan to improve performance

Although this wasn't clearly identified in your Business case your presentation identified that there is no demonstrable evidence that the number of beds in the community has a direct correlation to A&E performance. Due to the significant performance challenges in the Local Health Economy you final business case needs to:

- Include a performance section and what actions are in place to improve performance.
- Articulate that these changes do not have a negative impact on performance.
- Demonstrate the positive impact that the introduction of D2A has had on the system.

9. Financial plan (capital and revenue for commissioners and providers)

The CCG needs to ensure that the financial information presented is both clear and consistent with other information presented in the document. Specifically:

i) Cost of current service slide 53 = £42.546m, cost of new service - £30.450m (therefore saving = £12.094m?)
ii) Cost of current service slide 54 = £34.677m (within the table).
iii) The text states the proposed model has a worked up cost of £26.1M +£4m (therefore total cost of new service = £30.1M?) and a saving of £12.446M [i.e. different to above]
iv) Stranded costs are listed as £4m within these slides – however the presentation stated “In addition, there is also c.£700k of overheads associated with the beds at Leek Moorlands which will remain in the contract post the temporary closure of this capacity” which suggests stranded costs are £4.7m
v) Slide 17 suggests that the CCG has invested “£12m in community services to reduce admissions and provide alternatives to community beds” – it is not clear how this investment is reflected in the costs on slide 53 where the investment in the community is £4m (i.e. from £8.4m to £12.4m)

The CCGs also needs to clearly present the current cost of the system (not the cost in 2015-16) and the comparison cost of the new service on a like for like basis.

The CCGs need to clearly articulate the level of stranded costs and how and when they plan to release these either for re-investment into the health economy or as a saving as they cannot remain stranded in the long term.

10. Consultation Plan

As evidence you provided a draft consultation plan. The panel were satisfied with your plan. Prior to the Formal Assurance Panel the panel would like to see:

- Your final draft of your public facing consultation documents that have been signed off by your CCG.
- The documents need to spell out a clear and compelling message on why you are consulting i.e. not focused on the reduction in the commissioned bed base. This message needs to be compelling and an understandable narrative including the anticipated benefits.

11. Public Sector Equality Duty and inequalities duties

You provided information on your proposals will address the Public Sector Equality Duty requirements. To strengthen the business case it would be beneficial to include:

- Clearly articulate the impact on patients and carers travel times including the options on public transport opportunities and clear narrative on the potential mitigations.
- A short summary on how engagement with protective groups has shaped the proposals.
- What the impact will on the other services run from these hospital sites.

12. Implementation arrangements

The pre-consultation business case focused generally on the overall principles of the implementation arrangements. You felt there you had made good progress to date in the recruitment of the alternative workforce although there is a deficit in domiciliary care provision in Stoke on Trent. Although a large number of community beds have already been temporarily closed the business case could be strengthened if it included:

- A clear timeline on how this will be implemented.
- Key milestones in terms of recruitment plan (link to capacity section), staff consultation etc.
- How you will be monitoring and managing this on a day to day basis.

13. Fit with STP

You identified that the Community Hospitals programme forms part of the Enhanced Primary and Community Care work stream whilst the Discharge to Assess model is picked up within the Urgent and Emergency care work stream within the STP. Although this is positive there are number of actions that are needed:

- Demonstrate in the Business case how these work streams complement each other.
- Each of these work streams is in a different stage of development and will need to be aligned, this is particularly important for when you go out to consult.

14. Impact on Provider

You identified the impact on performance following the introduction of Discharge to Assess. Your business case needs to:

- Clearly articulate the impact on **all** providers following the temporary closure of beds and the introduction of beds. This will need to include the impact on both the workforce and other services that will remain with the providers.

- Identify actions you have taken to mitigate the impact of these changes.

Summary

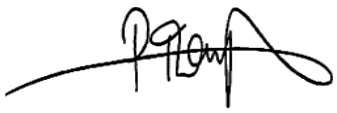
The panel concluded that we generally supported the direction of travel and the tests are overall partially met.

We anticipate that this will fall subject to a next stage Regional Assurance Panel and once we see the revised PCBC we may also require sign off from the Chief Financial Officer of NHSE given the significance of UHNM and their Financial Special Measures.

Hopefully this provides the gaps that need to be addressed in preparing for the next stages and we will share with you separate to this letter some examples of best practice to assist with redrafting your documentation to ensure you present the entirety of the case.

It would be helpful if we continue to work with you to agree the timescales for the formal assurance panel.

Yours sincerely



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Copy: Nigel Littlewood, Regional Head of Strategy and Planning