

Derby and Derbyshire Governing Body - 5th September 2019

Engagement Feedback on the Re-design of Clinical Pathways to support hospital discharge - Erewash

Executive Summary

In June 2019 the Governing Body (GB) agreed to support in principle the proposal to make changes to the commissioned capacity in the Erewash area to better meet community rehabilitation needs, subject to the outcome of a 60 day period of engagement. The purpose of the engagement was to explore the views and perceived impacts from a public perspective of the proposed changes (including patients and carers) which would be openly and transparently considered by the GB in September.

The changes proposed include a decrease in the number of community hospital beds (P3) due to increased provision of beds in a local authority care home with additional care staff and health input to support rehabilitation (P2), plus ensuring there is sufficient support for people able to go home with health and social care input (P1).

Summary of issues raised through the engagement and CCG responses

The main issues raised during the engagement can be described in 5 key themes:

Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close

CCG response to theme 1 – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.

Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.

CCG response to theme 2 – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 8th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs. Continued communication to all key stakeholders and the public in Erewash will be provided in order to help people to understand the changes, benefits of the pathways and to build trust in the services.

Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location.

CCG response to theme 3 - The quality of the care home beds will be regularly monitored by Derbyshire County Council. External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most

appropriate facility to meet their needs rather than be in the facility that does not best meet their needs but is based in a preferred location,

Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population

CCG response to theme 4 - The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met.

Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.

CCG response to theme 5 - If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

Positive Views

Comments in favour of the changes were also received. It was seen that many people who attended the drop-in or attended the PPG meeting, once they had spent time listening and asking questions about the changes, agreed with the proposed changes. One patient representative recalled, 'I healed much more quickly at home; I prefer my own bugs!'

Recommendation to GB (subject to Engagement Committee feedback being shared at GB)

Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

1. Purpose of the report

This report alongside the Engagement Report (see appendix A) provides the Governing Body (GB) with the outcomes of the engagement. It also provides an update on the operational readiness to implement the changes and describes the mitigations in place to provide assurance.

2. Background

The overall ambition remains to ensure that we have the right services available in the right place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. By ensuring care is delivered according to people's needs and in the right settings people will have the best health outcomes, be kept safe and independent and wherever possible, at home.

3. Planned change

The 6 June GB paper proposed to make changes to the commissioned capacity in the Erewash area to better meet community rehabilitation needs. The changes are:

- An increase in capacity to support people at home (40 care packages available per month : Pathway 1)
- An increase in Pathway 2 beds or community support bed provision (to 8 beds)
- A reduction in the number of Pathway 3 beds at Ilkeston Community Hospital (To 16 beds with 'flex' to 18 available at times of increased demand)

Details of the pathways are listed below

Pathway 1 (P1) is care and rehabilitation provided **at home** by an integrated community team

Pathway 2 (P2) is managed by social care with medical oversight from an Advanced Care Practitioner with GP supervision, in **a less medicalised setting** where patients are able to demonstrate greater independence and mobility, with input from therapist and community nursing teams to meet any ongoing health needs

Pathway 3 (P3) is nurse-led, as patients have 24 hour nursing needs as well as requiring rehabilitation input.

a. Integrated Community Team (Pathway 1)

To be able to increase the number of patients supported at home (pathway 1) and to provide therapy support to the other pathways, our proposals include commissioning an appropriate number of therapy staff to ensure the health rehabilitation needs can be met.

We wish to support an approach whereby nursing and therapy teams are able to respond to needs and can flex during the busiest times by reprioritising the routine and urgent workloads of the teams. In addition if they work across services that can support the transition of patients who may move from hospital into the community and vice versa.

There is significant planning and service improvement between health and social care, across the city and county which is focussed on making the best use of all facilities and ensuring patients can move quickly and easily between settings and services and aren't delayed. This work includes activities such as early planning for discharge to identify and plan for ongoing needs, flexing capacity and more intensively tracking data to predict demand. These actions will support reducing lengths of stay and enable even more patients to be cared for within the same resources. We believe that the changes proposed in this paper support the ongoing delivery of this work.

b. Community Support Beds (Pathway 2 Beds)

Community support beds (P2) have 3 elements which distinguish them from standard care home beds. They have:

- Enhanced social staffing ratios with a focus on re-ablement
- Therapy input to support physical rehabilitation
- Additional clinical cover in the form of Advanced Clinical Practitioners supported by a General Practice with whom the patient is temporarily registered.

When considering future commissioning options, to put the right capacity in the right places to meet patient need, the CCG has been keen to work in partnership with the local authority to develop integrated and flexible services and make the best use of public estate. Options have been explored working closely with Derbyshire County Council and the option planned is Ladycross House Care Home. This facility was chosen following an options appraisal of four local authority run beds within the Erewash area. Ladycross has the capacity to house 8 pathway 2 beds on a separate wing, it is central to the Erewash area, and had staffing and equipment in place to deliver the rehabilitation required. Other facilities did not have the capacity to take on extra beds. It is anticipated that the location of Ladycross is a short term solution while the local authority review their bed provision.

Derbyshire County Council is also finalising proposals for a purpose built facility in the Ilkeston area to replace some of the existing adult social care bed provision. It is planned to be opened in 2022. The CCG will continue to consider the best location for the P2 beds in the future.

A reduction in the community hospital beds (as set out in section c below), would release the Advanced Clinical Practitioner (ACP) capacity to be able to support the community support

beds. Agreements have been secured with the 2 GP practices that currently support the hospital beds. Littlewick GP Practice has agreed to transfer their responsibilities to provide medical input for the community support beds and supervision of the ACP and Station Road GP Surgery will continue to maintain the effective clinical team on the wards. Patients admitted to Ladycross care home will temporarily register at Littlewick GP Practice, so that there is a named practice for their clinical cover throughout their stay. Once they return home they will return to the care of their usual GP.

c. Community Hospital Beds (Pathway 3 Beds)

It is proposed that a full ward of 16 beds be commissioned at Ilkeston Community Hospital (ICH), with the ability to flex up to 18 beds during times of increased demand. Modelling which was shared with GB in June 2019 is shown below. This modelling is based on 85% occupancy and 14 days Length of Stay in a pathway 2 bed, and 18 day Length of Stay in a P3 bed.

Type	Modelled Requirement	Capacity 2018	Current capacity	Proposed capacity
P1 (home)	29-40 new patients per month	Average 27 'slots' per month	27	37
P2 (support bed)	10 beds	3*	3 **	11
P3 (hospital bed)	12 beds (monthly requirement varied across year 9-19 beds, only one exceptional month at upper end)	32	24	16 - 18

* Beds available at Florence Shipley in Amber Valley

**There have been 4 additional beds at Ladycross in Erewash with additional social care support but not the full community support bed model which is proposed

The hospital is currently operating with 22 beds. Previously there were 32 beds; however 8 were temporarily closed by the Community Provider Derbyshire Community Health Services NHS Foundation Trust (DCHS) in December 2018 due to operational staffing difficulties at that time. On 1st August, DCHS contacted the CCG to ask for a further temporary change to the wards, again due to operational staffing difficulties. Since then the 24 beds commissioned for Erewash patients are being provided on 2 sites as Ilkeston is unable to safely staff all 24 beds. Therefore, the ward at Ilkeston Hospital is currently providing 22 beds and 2 further beds are being provided at Ripley Hospital. The CCG Nursing and Quality Directorate are fully involved with this temporary change and since the 1st August are monitoring patient safety levels closely through weekly calls between CCG and DCHS to review the position.

4. Engagement Methodology

DDCCG recognises the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area. The CCG carried out a 60 day period of engagement from 27th June 2019 until 26th August 2019. The engagement approach consisted of the following elements:

- (Pre and during engagement period) Spoke with key stakeholders prior to the start of the engagement period to help shape the engagement methodology and material
- Published engagement documents via the DDCCG website and the sharing of these documents with key stakeholders (see target audiences),
- Used a range of distribution methods including:
 - briefings, email, post, telephone and face to face
- Provided a questionnaire for people to fill in either on-line or via paper copy
- Ran a digital/media campaign including social media, events, and press releases
- Developed an enquiries log
- Held engagement events including drop in sessions and PPG meeting
- Communicated with all staff about the engagement methods
- Distributed the engagement materials to key venues i.e. GP surgeries
- Responded to individual requests from groups to attend their meetings

4.1 Target audiences

A full stakeholder list was recorded and can be seen in the engagement report (Appendix A). Below is a summary of the key stakeholder groups involved in the engagement:

- Ilkeston residents and patients (and surrounding areas)
 - Ilkeston GP community and pharmacists
 - Ilkeston Patient Participation Group Chairs
 - Key local stakeholders: Councillors, MPs, Healthwatch and Derbyshire County Council
 - DCHS staff and tenants
 - Ilkeston Hospital League Of Friends
 - Derbyshire County Council Adult Services Staff
 - Local Community Groups in Ilkeston (Council for Voluntary Services and other voluntary groups)
 - Erewash Borough Council
 - Campaigning groups
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4.2 Level of Response

Engagement Method	No. of responses/or people attending/or no. of organisations on distribution list
Engagement Shaping (Pre and during engagement period) <ul style="list-style-type: none"> Engagement Committee QEIA Panel Erewash Quest Event (attended by Erewash GPs) Individual Erewash GPs email Erewash Place Alliance Implementation Planning Meeting 	15 members 6 Panel Members (2 sessions) 40 GPs and Surgery staff (1 session) 4 GP's responded 15 members (3 sessions) 10 system wide partner representatives (6 sessions)
Distribution of engagement material	All Erewash GP practices Patient and Participation Groups (PPGs) linked to GP surgeries Ilkeston Hospital League of Friends Over 37 voluntary sector groups and community organisations All local Councillors MPs and Parliamentary candidates Local Pharmacies Over 10 partner agencies
Questionnaire <ul style="list-style-type: none"> on-line, paper copy 	30 completed surveys
Public and staff Drop-in sessions <ul style="list-style-type: none"> 15th July 2019 29th July 2019 12th August 2019 	In total: 26 public attended 5 staff attended
PPG Meeting <ul style="list-style-type: none"> 19th August 2019 	9 PPG members (public) attended
Enquiry Log	6 enquiries
GB Questions	9 questions raised to GB
Invitation to Campaigners' public meeting <ul style="list-style-type: none"> 8th August 2019 	At least 70 members of the public attended

5. Engagement Feedback Summary

5.1 Key Themes

People who took part in the engagement expressed that they highly valued their NHS services and in particular wanted to ensure that ICH remained open for Ilkeston people to use. The responses were rich and varied and a small group felt strongly enough to organise their own meetings and arrange campaigning events. Below is a summary of the key concerns and gives mitigations required. For a full account of all of the responses please read Appendix A – Public Engagement Report.) Outlined below is an overall summary of the key concerns gathered from across the engagement methods with the corresponding mitigations.

Key themes	Suggested Mitigations
Theme 1 – Concern that the changes would not deliver the right kind of care for people of Erewash because the evidence did not support the change, that the modelling used would not deliver the number of beds required to meet demand, and that the changes would mean that the hospital would close	CCG response to theme 1 – The modelling of the beds has used D2A (discharge to assess) Track and Triage data which tracks all discharges from the acute hospitals. This uses actual patient numbers to accurately count demand and shows that the proposed capacity of beds and community support would be sufficient to meet demand. There is no intention to close Ilkeston Hospital.
Theme 2 – Concerns over the failure to implement the changes and mistrust of the CCG to deliver the changes and mistrust of the CCGs motives for the changes.	CCG response to theme 2 – The NHS and Social Care providers have confirmed with the CCG that all plans are in place and that they are ready to deliver the changes from September 9 th 2019 subject to agreement by the GB. The reason for the change continues to be to ensure patients are discharged to the right place at the right time to meet their needs.
Theme 3 – Concerns about the P2 beds, in particular about the quality of care and location	CCG response to theme 3 - The quality of the care home beds will be regularly monitored by Derbyshire County Council External review is also carried out regularly by the Care Quality Commission (CQC). It is recognised that distance and travel may be a concern for some people. However, it is not always possible to give everyone their preferred option of location and the clinical view is that it is better for the patient to be placed in the most appropriate facility to meet their needs than be in the

	<p>facility that does not best meet their needs but be based in a preferred location,</p> <p>A Review of transport arrangements to understand and promote the availability of support for any patient, relative or carer unable to travel from Ilkeston to Sandiacre will be undertaken Also Derbyshire County Council are in the process of rebuilding a new care home on the site of Hazelwood which is in Ilkeston. This is due to be completed in 2021 and there would be an opportunity to for the P2 beds to in the future be delivered from this new facility.</p> <p>The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor Ladycross against the KPIs for performance and quality set out in the service specification (including measures looking at activity, capacity, patient flow, staffing, safety, patient outcomes and patient experience, detailed in Appendix B)</p>
<p>Theme 4 – Concerns about the ability of social care to deliver the required care packages and concerns of exacerbating loneliness in frail elderly population</p>	<p>CCG response to theme 4 - The model includes an increase of both social care staff and therapists in the community in order to deliver the changes to Pathway 1 care. Each patient will have their own care plan which will ensure that peoples' needs are met.</p> <p>The Erewash Operational delivery group will also oversee the changes in pathway provision and monitor P1 delivery against the KPIs for performance and quality set out in the service specification</p> <p>Key stakeholders for this group have been agreed (RDH, NGH, Social Care, DCHS, CCG, primary care)</p> <p>Patient Experience process to monitor people's experience of the different pathways has been set up and will be led by the CCG Patient Experience Team along with the PALs teams in DCHS and DCC. The issue of loneliness will be particularly monitored through this</p>

	process.
Theme 5 – Concerns that people would not be able to choose end of life care at Ilkeston Hospital.	CCG response to theme 5 - If a patient is in the last few days of life and if the patient understands other options, such as home care, but wishes to stay at Ilkeston Community Hospital then there is the facility for that patient to receive end of life care at ICH.

5.2 Additional Themes

Additional Themes	Suggested Mitigations
Theme 6 People asked why the P2 beds could not be housed in the hospital	CCG response to theme 6 - The Regulators, CQC, would not allow care home beds (social care run) to be sited in the same building as a hospital (NHS facility).
<p>Theme 7 People felt that the changes were significant enough to warrant a full consultation.</p> <p>A few other people questioned the timings of the drop-in sessions and suggested that 2-6 was not a good time for most people to attend.</p>	<p>CCG responses to theme 7 - The matter of consultation vs engagement is outlined in the CCG's Governing Body papers from 6 June 2019. A provision of pathway 3 beds will be retained at Ilkeston Community Hospital so the service is still available. It was therefore deemed that this was not a significant service change.</p> <p>The CCG provided a range of ways in which people could participate in the engagement including an online survey and email enquiry and attended 2 evening meetings (a public meeting and a separate PPG meeting)</p>
Theme 8 People asked if only Ilkeston patients would be able to use Ilkeston beds?	CCG responses to theme 8 - Patients from Ilkeston will be able to access P3 beds located at any of the community hospital across Derbyshire dependent on patient choice and bed availability.
Theme 9 People were concerned with the void space left vacant through reducing capacity at ICH from two wards to one ward and wanted to	CCG responses to theme 9 - DCHS is clear that the most important and immediate priority is to ensure that the changes are implemented in line with the commitments made before any plans are

know what would happen to it?	made around future use of the space. There is potential to accommodate other clinical services in the space as other areas in the hospital are refurbished, but this will need to be considered in more detail over the coming weeks and months.
Theme 10 How will the service in Erewash be evaluated – does it meet patient needs?	CCG responses to theme 10 - DDCCG have commissioned a project to evaluate patient experiences of pathway 2 provision across Derbyshire. Quantitative data of patient flow will be reviewed in the Erewash operational delivery group and reported every quarter. (See appendix B)

6. QIA / EIA Feedback

The QIA and EIA outcomes were first reviewed on 27th February 2019 and subsequently reviewed on 27th August 2019 to reflect any further issues or risks identified during the engagement period. No further or increased risks were identified.

The original QIA and EIA issues remain unchanged and are outlined below:

The EIA had one action listed, to ‘Include demographic questionnaire as part of the engagement’. This action has been completed. (See Engagement Report – Appendix 10)
The QIA rating identified the project as ‘Moderate Risk’. The main risk areas are outlined below with mitigation

Criteria / risk	Mitigation
Limited clinical leadership available	The CCG Medical Director is providing the Clinical leadership
Limited clinical engagement	All Erewash GPs have been engaged. Attendance at Erewash Place board, local GP Quest event and PPG meetings were all received well. An offer to attend any other meetings to discuss the changes was made.
Negative impact on service reputation / media coverage likely	Healthy level of engagement and challenge with the public. Open door policy for members of the public to speak face to face with CCG at 3 events. Some negative publicity has been seen on Facebook and local media.
Impact on staff currently employed at Ilkeston Community Hospital	DCHS have conducted a thorough process of change for all staff at ICH. This has resulted in strong communication of the shift of service provision, with excellent engagement from staff

Staff moving from ICH into the community will not have experience of working in this setting	DCHS have undertaken staff training to enable staff to be supported in working in the community setting.
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7. Readiness to mobilise pathway changes

Assurance can be given to the GB that all services are now ready to start delivering the changes outlined in this paper. A joint implementation group has been regularly meeting over the last 8 months to ensure all agencies (DCHS, DCC, Primary Care and the CCG) have the necessary planning in place to mobilise the changes after the outcome of the engagement is confirmed and dependent on the decision from the GB. The following pathways are ready to be mobilised from 9th September 2019 as summarised below:

- **Community and therapy input (P1)**
 - Therapy input to support physical rehabilitation in people's on own homes is in place (DCHS);
 - Social care packages in place (DCC)
 - **Community Support Beds (P2)**
 - Enhanced social staffing ratios in place (DCC);
 - 8 en-suite bedrooms ready for occupation (DCC)
 - Therapy input to support physical rehabilitation in place (DCHS);
 - Additional clinical cover in form of Advanced Clinical Practitioner in place (DCHS)
 - General Practice arrangements fully agreed to support the ACP and to temporarily register patients (Littlewick Medical Centre- GP practice)
 - **Community Hospital beds (P3)**
 - Affected staff have been engaged and are ready to move to their new roles either within ICH, move to another P3 facility or to join the integrated community team. (DCHS)
 - GP cover to ICH will continue with Station Road Surgery providing the medical input to patients on the ICH ward (Station Road Surgery – GP practice)
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8. Identified Operational Risks and Mitigations

The main operational risk is listed below along with the mitigations in place.

Potential operational Risks	Suggested Mitigations
<p>1. Changes in demand which change the original assumptions / basis of the capacity required modelling including:</p> <p>Occupancy of the Pathway 2 (P2) beds falls below 85%.</p> <p>Length of stay for Pathway 2 beds is above 14 days and / or length of stay in Pathway 3 (P3) beds is above 18 days</p>	<ul style="list-style-type: none">DCC send monthly reporting figures for all the Pathway 2 beds. 85% bed occupancy is a KPI. Locally KPI outcomes will be monitored through the 'Erewash Operational Delivery Group' led by the CCG with all key stakeholders within Erewash. Social care led 'Community Support bed Quality sub group' has been created to improve system wide flow into the pathway 2 beds. This feeds into the Operational Resilience Group (ORG).
<p>2. There is insufficient pathway 1 capacity for patients to return home with a package of care</p>	<ul style="list-style-type: none">Social care have committed to extra provision for Pathway 2 within Erewash as a part of this project. Failure to meet the system patient need for social care provision would be addressed through the ORG.
<p>3. D2A modelling of 60:30:10 for P1:P2:P3 is not realised</p>	<ul style="list-style-type: none">The bed modelling for the project was based on forecast bed usage. Current reporting of actual patients discharged on a D2A pathway from RDH or CRH (Discharge to Assess) is now available through 'track and triage'. These actual numbers have been remodelled to ensure that there is sufficient bed provision based on the 60:30:10 ratio for discharges.
<p>4. GP cover is until April 2020, on-going GP cover will be required after this date</p>	<ul style="list-style-type: none">GP cover for the beds, through DCHS, has been agreed until the end of April 2020. Continued GP

<p>5. Patients might refuse to be transferred into a pathway 2 bed and ask to be treated at ICH</p>	<p>cover will be agreed ahead of January 2020 after the GP has reviewed service requirements.</p> <ul style="list-style-type: none"> • There is a 'Patient choice' process that is enacted on acute discharge of a patient to the level of care that meets their needs. This should be used as a final resort once options and reasons have been clearly explained face to face to patients and their families.
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9. Recommendations (subject to Engagement Committee feedback being shared at GB)

Recommendation 1

Having carefully considered the feedback gathered through the engagement, the CCG believes that there are sufficient mitigations in place to address the issues raised. We have clear plans to continuously monitor and ensure the changes deliver the planned outcomes through the Erewash Operational delivery group and the Patient Experience Project and therefore we are recommending that the GB supports the proposed changes being implemented.

Recommendation 2

That the GB receive an implementation update report in 6 months' time which provides an update on the patient experience project and KPIs/metrics and outcome measures for the pathway changes illustrating people's experiences of the 3 pathways, length of stay, occupancy rates and outcomes for patients of the pathways. (See Appendix B)

10. Next Steps

If supported by the Governing Body the following actions will be taken:

- a) Mobilise delivery plan from 9th September 2019 onwards
- b) Review the impact of the changes and report back to GB in 6 months after start of implementation.