Special Adults Wellbeing and Health Overview and Scrutiny Committee

7 September 2018

Community Hospitals in County Durham - Update

Report of Lesley Jeavons - Director of Integrated Community Services.

Introduction and Purpose of the Report

1. In April 2017 the Financial Recovery Group (FRG), a meeting of senior officers from County Durham and Darlington Foundation Trust (CDDFT) and North Durham and Durham, Dales, Easington and Sedgefield (DDES) Clinical Commissioning Groups (CCG), requested that consideration be given to the role and function of part of the community hospital offer across County Durham with a view to recommending options for service delivery over a medium to long term.

2. This report references key issues that have been considered to date with the purpose of informing AWH OSC on strategic intent.

Background

3. The community hospital estate across County Durham is as follows:

Community Hospital	Bed Compliment
North Durham	
Shotley Bridge	8
Chester-le-Street Community Hospital	16 - 23
DDES	
Peterlee Community Hospital	Owned by NT&H FT and Barchester 0 beds other than IS
Sedgefield	16
Weardale	16
Richardson	16
Bishop Auckland	24 step down (ward 6)

4. All three CCGs, North Durham, DDES and Darlington, commission activity within Community Hospitals in County Durham. Darlington CCG currently commission 971k level of activity, across all 3 DDES sites although more recently their rate of admission to the Richardson Hospital has fallen, with alternative provision being commissioned from the independent sector. Work is needed to clarify their position going forward.

5. A previous review had been undertaken which considered the activity within the community hospitals in Durham, Dales, Easington and Sedgefield (DDES) locality only, which are:

- Sedgefield Community Hospital
- Weardale Community Hospital and
- Richardson Community Hospital

6. The review was led by the Director of Commissioning, DDES and was initiated as a result of falling demand and occupancy levels across the three hospitals with associated revenue cost pressures identified by CCDFT. The review recommended a number of short-term actions resulting in bed reductions across two of the hospitals i.e. Sedgefield and Richardson and an additional reduction in length of stay across all three. Previous bed modelling activity undertaken by County Durham and Darlington Foundation Trust (CDDFT) had identified the potential to reduce the bed profile across the DDES community hospitals (other than Peterlee CH) to 48.

7. The review also identified a need to update the specification for Community Hospitals and this work will be undertaken as part of the community contract mobilisation process.

8. It is also relevant to note that the funding of the three DDES Hospitals is via a block contract whereas prior to April 2018, the funding of the two North Durham hospitals and Bishop Auckland Hospital was funded via a payment per admission. This is relevant as prior to April 2018, CDDFT were funded via activity and bed take up as opposed to receiving a block amount of funding regardless of activity. Furthermore Chester le Street is subject to a PFI agreement, held by CDDFT.

9. As reported to OSC previously, a dedicated programme of work has been underway for some time in relation to the role, function and future of Shotley Bridge Hospital and this is subject to a separate update.

Review Context

10. Following the request from FRG, the objectives outlined below were to be considered further:

- Clarity on the bed take up and activity delivered from the DDES sites following the reduction outlined above
- Consideration of the effectiveness of the community hospital offer generally and
- Clarity on lease agreements and impact of any change to these.

Review Findings

Existing Bed Function

11. The bed compliment and service offer differs across all of the hospitals although as referenced above the DDES hospitals were reconciled to 16 beds each in September 2017.

12. At the time of review Chester-le-Street hospital has a maximum of 23 beds with Shotley Bridge hospital operating with 8.

13. The main function of the inpatient beds in the hospitals is to provide a rehabilitation and step-down facility. Only two, Weardale and Richardson, offer 14 Intermediate Care (IC) beds with other localities across the county utilising the independent sector for this service with wrap around community services provided by CDDFT. This forms part of the community contract with additional funding from the Better Care Fund.

14. The Local Authority leads the existing commissioning arrangement of independent sector beds delivering a mix of block and spot contracts, totalling 73 beds across the county.

15. Community Hospital bed utilisation had fallen intermittently between 2016/2017 across Sedgefield, Weardale and Richardson and this information was used as rationale for the reduction in beds from 24 to 16 in September 2017. Up to date information on occupancy is featured at appendix 2 of this report.

16. From the work undertaken to date it is clear that beds continue to be utilised to facilitate discharge from acute sites, whether or not the patient is felt to be eligible for IC or rehabilitation. This depends on pressure within the system and beds are sometimes required as part of system-wide escalation plans to facilitate patient flow. Whilst helpful in this regard, it can also result in patients experiencing two discharges prior to returning home. Community hospital staff reported occasions where they believe this has been to the detriment of patients who could have returned home in the first instance. The discharge to a community hospital being considered a speedier discharge than home. This practice has been confirmed by the Discharge Management Group and work is underway at an operational level to address this issue and to manage admissions and discharges from the community hospitals more effectively.

17. The majority of Intermediate Care beds exist within the independent sector. The Local Authority leads the existing commissioning arrangement delivering a mix of block and spot contracts, totalling 73 beds across the county. Wrap around therapeutic services are provided by CDDFT and this forms part of the community contract with additional funding from the Better Care Fund.

18. Independent sector IC bed take-up is relatively high but it is rare that beds are fully occupied. Difficulties do occur however in terms of choice and location of beds; particularly in Chester-le-Street and the Dales locality where block contract IC bed provision is low. The review of the intermediate care bed model carried

out by Durham County Council prior to recommissioning in 2016, identified some quality issues that have been addressed through the larger block provisions. There are concerns however regarding the local national impact of nurse recruitment with a number of homes deregistering their nursing provision.

Estate

19. There are different arrangements in place in relation to capital recharge for community hospital buildings. Where agreements have a significant period to run i.e. 13 years in the case of Richardson and Sedgefield, this remains a cost pressure on the whole of the NHS.

Current Position in Relation to Service Delivery

Staffing (non-medical):

20. Whilst providing nursing staff is no longer an issue across the community hospitals, should it become so in the future CDDFT would flex beds to ensure a safe, responsive service was in place across all of the Community Hospital estate.

Medical Cover:

21. This is delivered by local GPs for Weardale, Sedgefield and Richardson Hospitals via annual SLAs between CDDFT and the identified GP practices. This has been difficult to secure at times and at times has provided a variable model of cover in each hospital. It is generally telephone access Mon to Fri 0900 to 1800 and one to two ward round visits per week. Out of Hours cover is provided via the local Out of Hours Services accessed via 111 or 999. There will be opportunities going forward to look at how medical cover can be provided in new innovative ways.

22. Medical cover is provided directly by CDDFT at Chester-le-Street and the adjacent GP practice to Shotley Bridge Hospital has been commissioned by CDDFT to provide cover there. Whilst not referred to as formal medical cover, the utilisation of specialists in geriatric medicine and GPs with Special Interest remains relevant to the community offer for the frail elderly. Recent discussions have taken place with the Care Group Medical Director and his colleagues regarding opportunities to offer specific sessions in North Durham to Teams Around Patients (TAPs) whilst continuing to offer a Rapid Access Service in under-utilised clinics within hospital bases. This is an important service development opportunity as is shifts the emphasis away from acute hospital environments to a service offer closer to a patient's home.

23. The Care Group Director of CDDFT's Integrated Care Group would like to enhance the level of Consultant oversight and intervention across the service. It is his view that where consultants and GPs work together, the throughput and follow-up for patients is more positive.

Therapy

24. The availability of sufficient therapy continues to be an issue. It is widely agreed that there should be a greater therapeutic emphasis within the existing community hospital offer. CDDFT have experienced difficulties with recruitment and retention across all sites and this will require further consideration. This will be addressed through the implementation of the new community contract.

Day Hospital Function

25. All community hospitals operate a day hospital service within a clinic based model.

26. This provides specific therapeutic input and is delivered in line with models of rehabilitation elsewhere in the country. It is important that a community hospital resource maintains its emphasis on rehabilitation and reablement. However it should be noted that this is dependent on the successful investment and recruitment/retention of therapy staff.

Delayed Transfers of Care (DToC)

27. Work has been undertaken to understand the nature of DToC activity across County Durham. The information considered does not identify a significant problem with DToC although work to reduce the length of stay will be of benefit to patients.

Other Services Delivered from Community Hospitals

28. Community Hospitals provide more than beds and in-patient units. Examples of the additional services provided across all Community Hospital sites are listed below:

- Secondary care outpatient clinics.
- Community rehabilitation.
- Podiatry.
- Falls clinics
- Mainstream physiotherapy and occupational therapy.
- Diagnostics.

Strategic Landscape

29. In 2015 the Health and Wellbeing Board in County Durham tasked Chief Officers from the NHS and Local Government with identifying an enhanced integrated service offer for County Durham. This resulted in work being undertaken to outline a new model of care that placed the patient at the centre of services, within their own communities. This included the support of multi-disciplinary teams, to be delivered with primary care at the centre of activity and ensuring effective pathways led to services being provided in local communities. Elected

members will be familiar with this initiative which is referred to as Teams Around Patients (TAPs).

30. This model has been widely accepted and primary/secondary care and Durham County Council have been fully engaged in its development.

31. Through recent informal discussions GPs have expressed a view that Community Hospitals have an important function in that place based service provision.

32. There has been significant interest regarding the perceived loss of local services from members of the public and their elected representatives. Elected members have made very clear how much they and the electorate value local community hospitals and are supportive in relation to their retention. A reference group has been established in respect of the Richardson Hospital and similarly a senior officer/member reference group is in place in relation to Shotley Bridge Hospital. Experience has shown that local communities, including those affected by any major change to services benefit from ongoing engagement and consultation. In relation to the reference group aligned to The Richardson Hospital, the engagement of members of the local community has proven to be hugely beneficial in helping to best utilise void space and to influence key communications with the public

33. The issue of rurality and access to services including availability of transport is of critical importance to local people as is the availability of alternative bed based services in their locality.

Potential Alternative Use of the Estate to Offset Void Costs

Use for office accommodation

34. Work has been underway across the NHS and partner organisations to utilise space where it exists and consequently resultant void costs to the CCG follow.

35. As referenced above local people have been involved as part of the Richardson reference group to publicise the potential to utilise room for meetings and VCS activity. A proposal to utilise the empty ward at the Richardson for the Dales locality team comprised of nurses and social workers is also being considered by CDDFT and DCC.

36. At Sedgefield Community Hospital the CCGs have recently utilised a significant amount of void space for North Durham CCG staff so making savings on rental costs elsewhere.

Alternative use for other bed based services

37. The CCGs currently purchase 73 IC+ beds across the Independent Sector at a cost of £1.551million.

38. Based on existing bed numbers there is currently a significant cost differential between a community hospital bed and that which is provided by the independent

sector in respect of intermediate care. However, this is a complex service landscape and provision must not be predicated on cost alone. In the future partners may wish to consider the future nature of bed-based provision across the system including the type of interventions as well as where it should be delivered.

39. The potential need for hospice provision has been explored. Commissioners have no indication that the existing hospice offer is inadequate.

40. The direction of travel previously outlined is that of enhancing services to enable people to say at home. It is well documented that lengthy stays in hospital beds has a detrimental effect on people, particularly older people who are frail. The Integrated Care Partnership in County Durham is determined to enhance services that prevent the need for bed based services and provide care and support at home.

Conclusion

41. This paper summarises the work undertaken to date in relation to understanding the nature of the Community Hospital offer in County Durham and the use of beds across part of the estate

42. Since reducing the bed base in September 2017 across three of the hospitals it is clear that utilisation of the remaining beds is operating at a level which indicates the resource is being used effectively (see appendix 2). Furthermore CDDFT have the flexibility to open additional beds in times of surge and increased activity. This did occur during this winter and proved beneficial in managing demand across the system.

43. The link with a place based service offer also needs to be considered and as referenced in para 41, as TAPs develop further and community services are delivered within localities, it would appear that a locality based community hospital function as part of a menu of services, will be a valuable asset.

44. AWH OSC were advised on 2/05/2018 that in considering the issues outlined in this paper, that Chief Officers had received a recommendation from the then Director of Integration, that no change other than the work that is underway in respect of Shotley Bridge Hospital should be made to the Community Hospital estate. Furthermore whilst the continuing financial pressure across the NHS and social care economy must be recognised, it should be balanced against the reality of ongoing lease agreements and associated costs to both commissioners and providers should a premises close, as well as the availability of alternative services, the need for dispositions for patients from acute sites and the transport concerns of local people.

45. This does not however, negate the need for internal efficiencies to be explored and CDDFT are keen to carry out additional work in this regard.

46. There may be changes to the clinic activity carried out in community hospitals over time. This may relate to a range of factors, such as changes to commissioning pathways or clinical guidelines.

47. The previous bed reductions across the DDES Community Hospital estate will continue to be monitored and information gathered to inform whether the bed base is being utilised effectively. It should be noted that as more services are delivered in a community setting, activity and demand may reduce further, so requiring consideration to be given to further reductions in the future.

Recommendations and reasons

48. The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

    a. Receive this update report for information.
    b. Note the work underway to utilise space across the estate.
    c. Receive a separate report in relation to Shotley Bridge Hospital.

Contact: Lesley Jeavons Director of Integration.

Appendix 1: Implications

Finance – financial commitment in relation to buildings will continue as per established agreements.

Staffing – challenges with recruitment exist across the NHS may continue. Situation monitored. Workforce planning in place within CDDFT.

Risk

Equality and Diversity / Public Sector Equality Duty

Accommodation – Community Hospital build arrangements differ across the county.

Crime and Disorder – N/A

Human Rights – N/A

Consultation – N/A

Procurement – N/A

Disability Issues – Community Hospitals offer a range of services to older people and these with long term conditions.

Legal Implication