



Northumbria Healthcare
NHS Foundation Trust



Northumberland
Clinical Commissioning Group

Health and Wellbeing Overview and Scrutiny Committee. (Rothbury Review Group)

Purpose

- Respond to the questions which will include -
 - A review of the data
 - An engagement update
 - The current and proposed community offer
- Supports the required response to the Secretary of State
- Updates on governance, timeline and next steps.

1. The Future of the site, content of wellbeing centre and review of in patient beds.

Summary of current position

- First floor of the building remains unchanged
- GP practice has moved to the ground floor.
 - Enabling co location with community services
 - Including a new Specialist palliative care nurse
- New technology used in outpatient consultations is progressing well and positively reviewed by patients.
- On going audits and monitoring of Length of stay, improving patient flow and enabling some assessments to be carried out in patients own homes, which reduces delays in hospital.
- New multi disciplinary approach to community services enabling a more proactive response to patients.

Current community offer

Primary care services including –

- Approx. 430 patients were seen last week (Mon 14th Jan – Fri 18th Jan 2019.)
- Weekly MDT meetings discussing high risk patients and palliative care patients, now able to include a wider group of professionals and services including all co located services social care and the voluntary sector - Age UK
- Newly appointed Nurse practitioner for Frailty
- Coffee mornings for Macmillian raised over £800 – now to be held on an annual basis
- First Saturday Flu clinic held in Early October 2018 – vaccinated approx. 600 people
- Closer more integrated working with community nurses and paramedics enabling new ways of working to be developed
- Improved free parking
- Open morning held in January 2018 enabled the practice to promote services and share new ideas this included a Blood Pressure check to offer a more proactive approach to health care.

Current community offer

Co location with -

- Community Nursing teams
- Community Paramedic
- Specialist palliative care nurse

Outpatient clinics -

- Physiotherapy (includes Paediatrics and Neurological clinics on a needs led basis)
- Health Visitors clinics
- Dieticians – Diabetes clinics
- Leg ulcer clinics
- Talking matters Northumberland - Counselling service
- Podiatry
- Parkinson's Disease clinics – available quarterly alongside community visits

Further options currently being explored within the NHS family.

- Virtual outpatients
- Rheumatology – outpatient blood monitoring
- Health trainer sessions -
 - Smoking cessation
 - Nutrition and hydration advice
 - Slips trips and falls advice
- Dental services
- Mental Health – possible clinics and or group sessions supporting emotional health and wellbeing and dementia.

Further options currently being explored outside of the NHS.

- New posts from Public Health – Locality Coordinator posts, one based in the North.
- CCG to fund a development post with a focus on the development of the health and well being centre, coordinating the community offer.
- Exploring best practice across the country for example –
 - Robin Lane Health Centre
 - Torrington Community Hospital
 - Deer Park Medical Centre
 - Bromley Health and Wellbeing Centre

Past engagement and consultation

Pre consultation engagement – 2016 - Three drop in sessions

Session 1: Wednesday 28 September, 5.00pm to 8.00pm

Session 2: Wednesday 5 October, 4.00pm to 6.00pm

Session 3: Wednesday 12 October, 4.30pm to 6.30pm

Consultation methods used to reach/engage people

- **Two public meetings** (one in the afternoon and the other in the evening), the first attended by around 75 and the second by around 120 people and **four drop-in sessions** (held on different days of the week and at different times of the day in an effort to provide convenience)
- **Widespread distribution of consultation documents** , summary leaflets, information cards and posters, all aimed at raising awareness of how people could comment
- **Dedicated page on the CCG's website** about the consultation
- A short video on the CCG's **YouTube** channel
- An **independent online survey** with paper copies made available for people who did not have internet access which had 376 responses
- Use of **social media** , including paid for posts to extend reach
- Advertising in the **Northumberland Gazette** and also on the newspaper's website
- An **article in a health supplement** that was delivered with the Northumberland Gazette and also distributed to local public venues
- **Two articles in Over the Bridges community newsletter** which is distributed widely by the Upper Coquetdale Churches Together
- **Five press releases** resulting in 29 items of press coverage and **two television interviews**
- **Commissioned Healthwatch Northumberland to carry out discussions with groups targeting older people**, resulting in meetings with **five groups** and completion of 23 comment sheets produced by Healthwatch Northumberland.

Engagement proposal

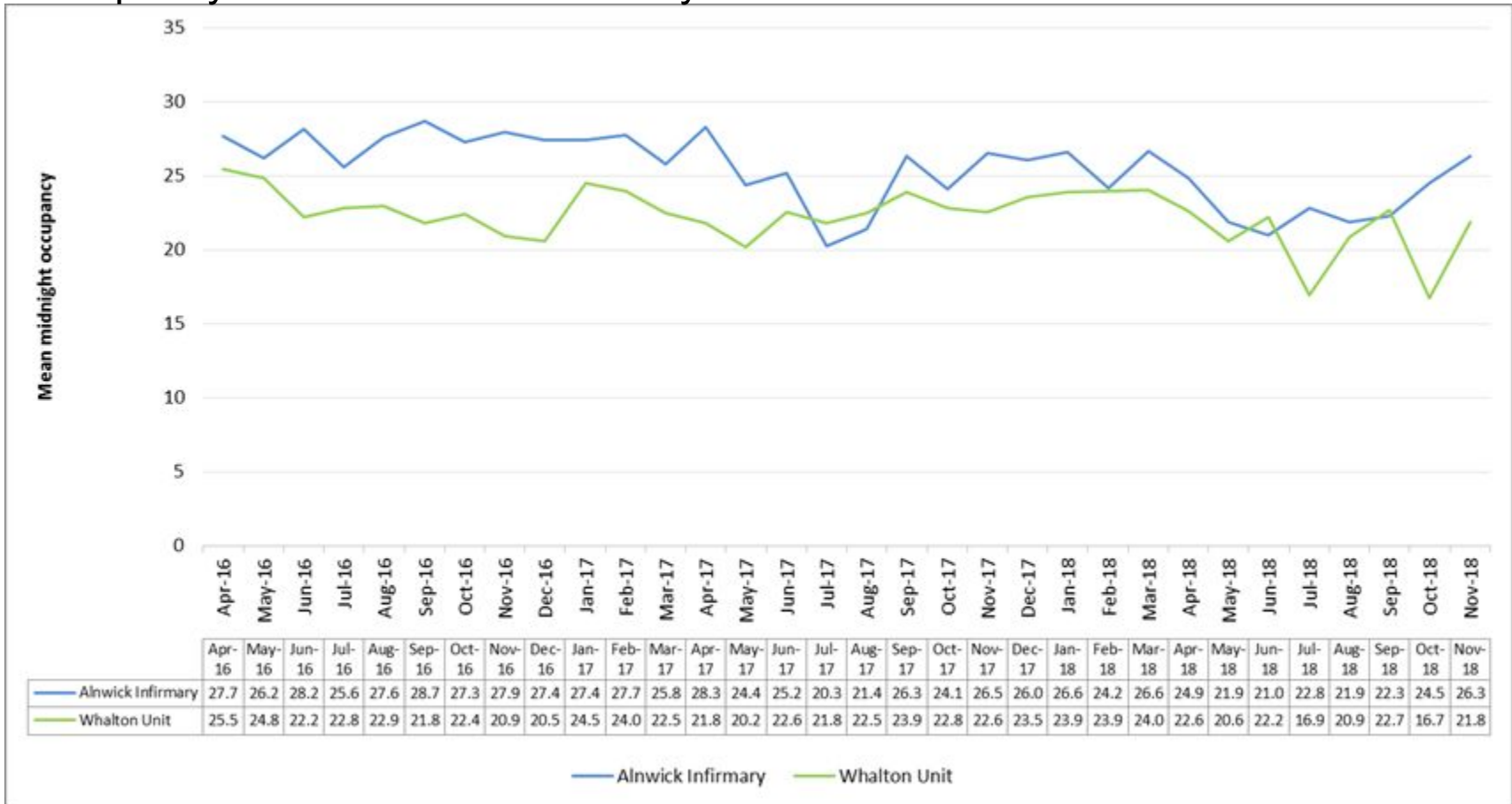
- To work in small focus groups in the coming week and months with -
 - The campaign group
 - Healthwatch
 - Local and Parish councillors
 - Patient Participation Group
 - Other local interested people and groups
- It is anticipated that members of this forum will -
 - visits to local services
 - review the latest data sets
 - explore national examples of best practice
- We will work small numbers of professionals to improve integrated working including –
 - Health
 - Mental Health
 - Social Care
 - Public health
 - Primary care
- Outcome of discussions will inform future considerations by the CCG and Trusts formal committees.

Refresh of the data

- Data sets collected previously have been refreshed and updated.
- All data will also be reviewed by an independent organisation.
- Data sets cover community services, hospital beds and social care.
- This will form part of the engagement work

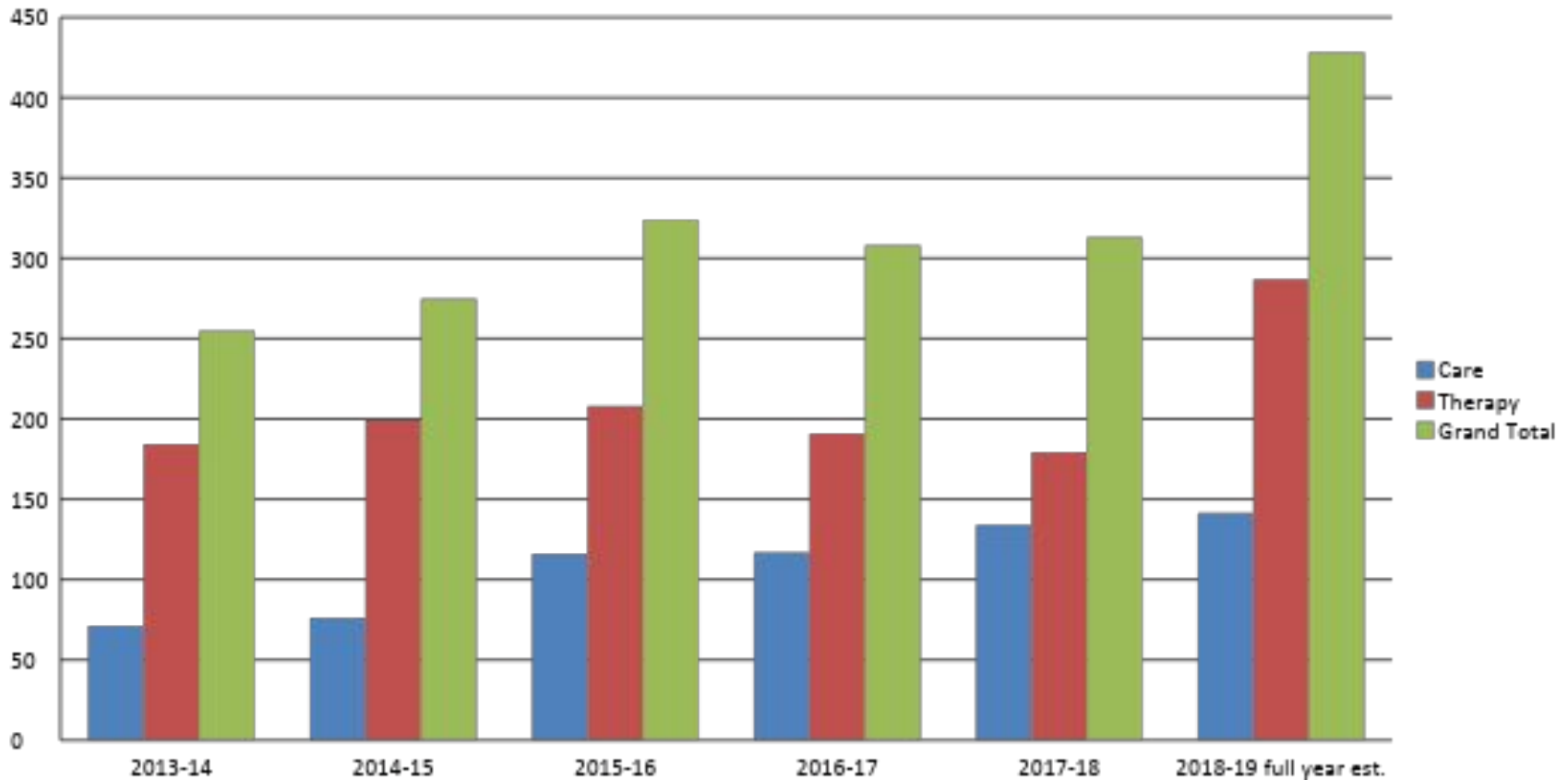
Bed Occupancy

Bed Occupancy – This shows no significant variation in the mean midnight occupancy in both Alnwick Infirmary and The Whalton Unit

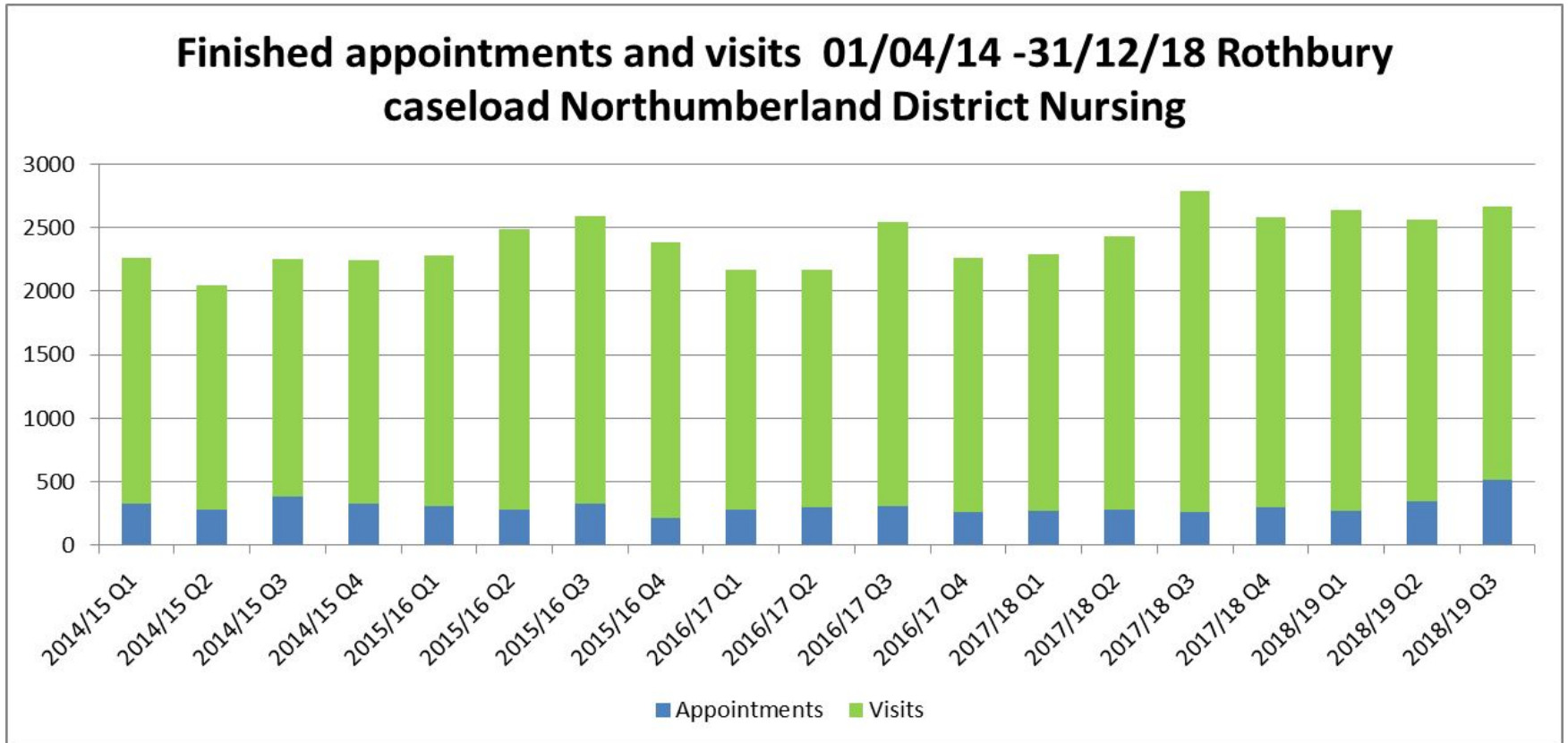


Short term support service number of referrals

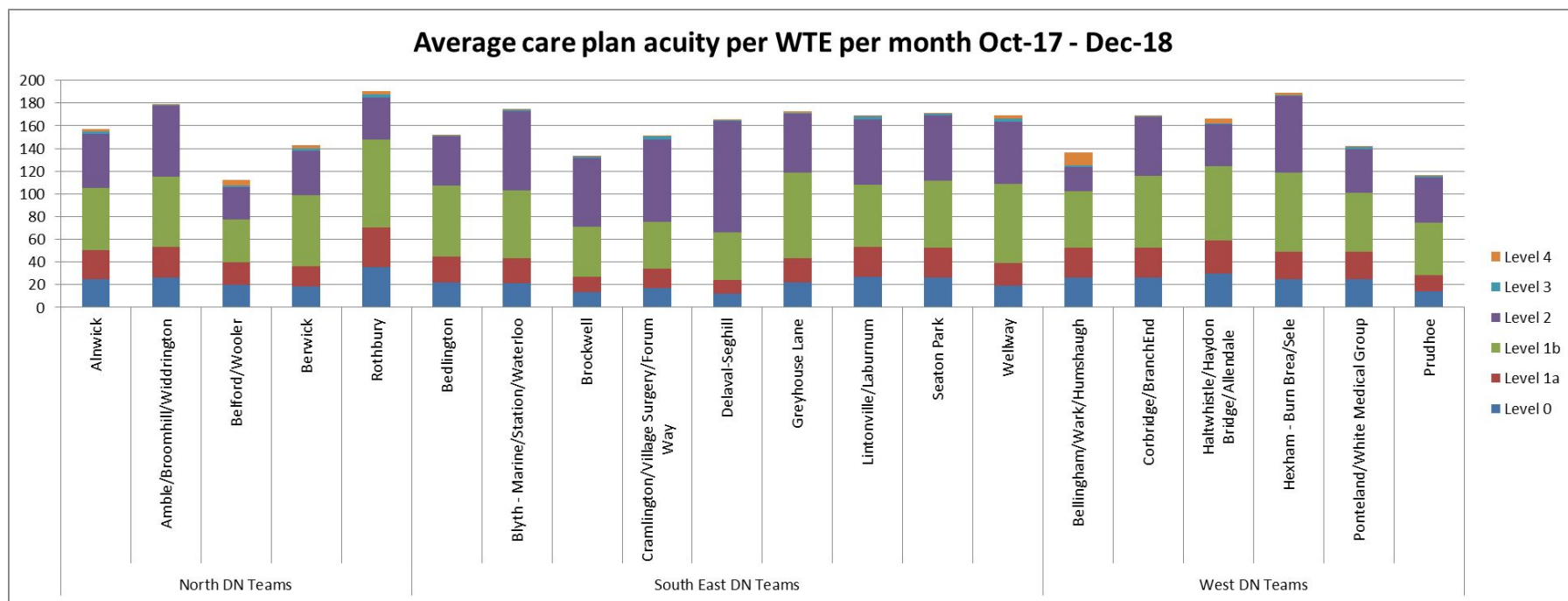
Short Term Support Service (STSS)
Number of referrals



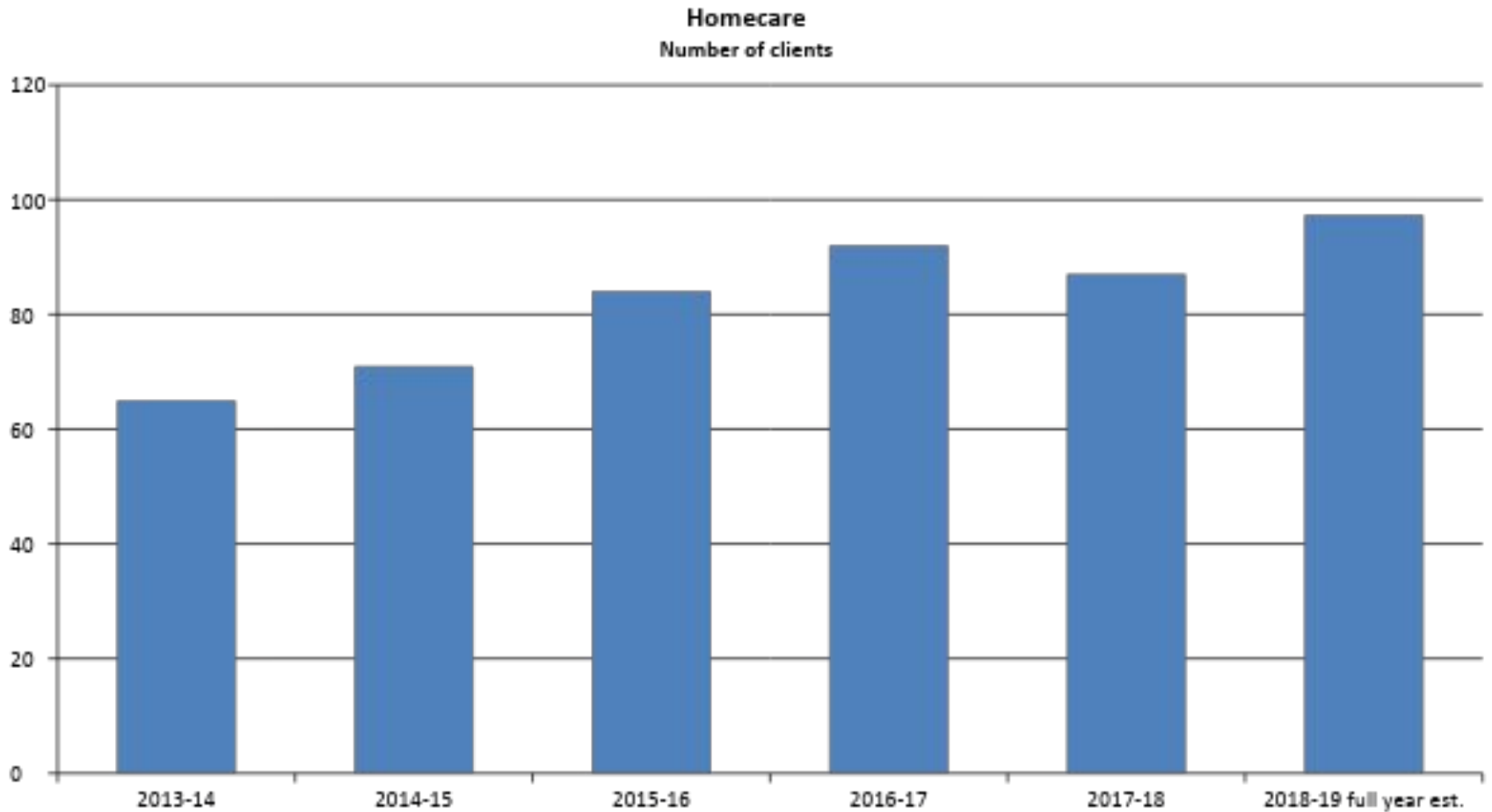
Rothbury District Nurses case loads



Average care plan acuity per whole time equivalent per month – Oct 17 – Dec 18

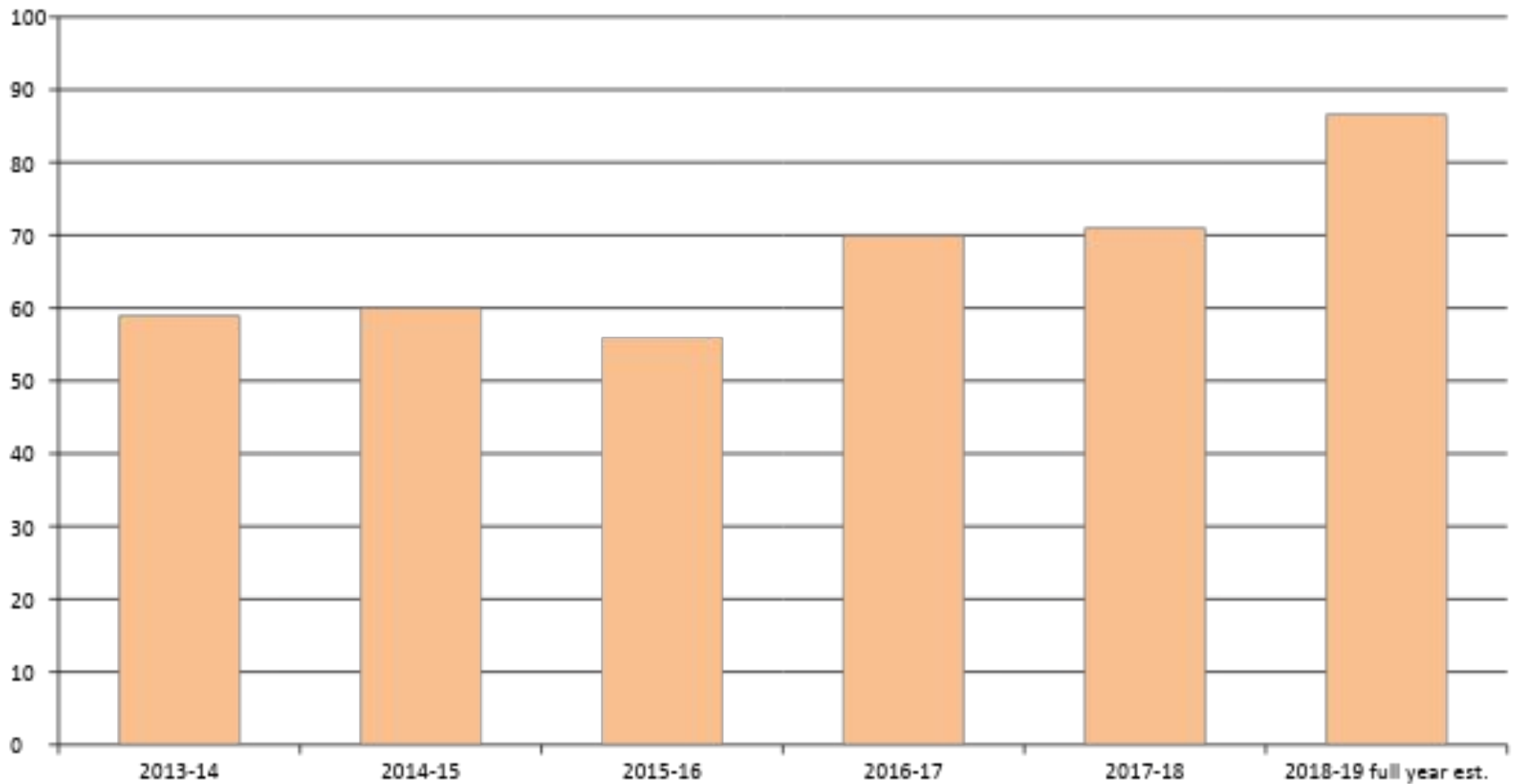


Homecare – Number of clients



Number of people residing in a care home throughout each financial year, from Rothbury.

Total Applicable Residents



2. The impact of the temporary closure on patients, families and carers.

Impact on travel

- The travel analysis carried out in September 2017 showed that from September 2015- August 2016.
 - 145 out of 203 (123 were admissions) would have to travel further
 - 58 out of 203 had a shorter journey time.
- The 145 travelled an average of 3.8 miles to Rothbury Community Hospital (closest 0.4 miles and furthest 15 miles.)
- Travelling to the next nearest site the average would increase by 13.8 miles.
- People over 65 years and over with access to a car or van in Rothbury (85.4%), compared to Northumberland (72.6%) or the North East (61.2%)

Travel impact analysis updated

- The updated analysis was attached with the papers.
- Offers a description on the mileage, time and taxi cost for local communities within the Rothbury area, for their nearest hospital site, 2nd, 3rd and 4th options.
- Continuing to explore public transport including bus routes and availability as well as other community providers.
- This will form part of the engagement discussions.

3. The challenge against the 5th test within the NHS England – Planning assurance and delivering service change for patients guidance.

The challenge against the 5th Test

- In September 2016 the in patient ward at Rothbury community hospital was temporarily suspended.
- In March 2017 NHS England announced three new conditions.
- This was not included in the initial considerations but was included within the Decision making report written in September 2017.

The 5th Test

The impact continues to be monitored across -

- Community services
 - End of life
 - Primary care
 - Community hospitals
 - Wansbeck and The Northumbria
 - Social Care
 - North East Ambulance service
- A review of clinical incidents and serious untoward incidents recorded by Primary Care professionals from Rothbury have been reviewed with none recorded. Other clinical systems will also be included.
 - Providing more care within peoples own homes remains a national priority.
 - North Locality part of new approach in community care.

4. The evidence of an equality impact assessment, complete prior to the public consultation

Equality Impact assessment

- Equality Impact Assessment (EIA) was completed ahead of the consultation report.
- Greatest impact on some older people accessing the in patient beds
- It included steps to reduce the impact for example –
 - Supporting people at home
 - Reshaping existing services to benefit a wider population.

5. The issue in relation to OSC not being consulted on the temporary closure of beds in advance of the decision.

Communication with OSC

- The initial suspension of the inpatient beds was a **temporary** and an **operational decision** due to continued low occupancy and the need to ensure staff were available to support higher levels of occupancy on other hospital sites.
- Hospital trusts are able to make this type of decision in response to operational issues.
- As a **temporary** decision there was **no formal requirement** to inform OSC.
- The CCG **did discuss informally** with the Chair.
- On 21 December 2016, the CCG liaised with OSC regarding proposals to make the changes to inpatient services permanent, and to inform the Council of the CCG's proposed public consultation on the changes.
- The CCG published a press release the next day, about the consultation and this was copied to the HWOSC Scrutiny Officer.
- As the Secretary of State's letter highlighted that communication between the CCG, Trust and OSC could be improved, it is considered that the development of a protocol, which outlines the respective organisation's expectations and responsibilities in similar situations, could be developed.

6. The Financial justification of closure of inpatient beds

The financial position

- The block contract has reduced by £500.000
- The cost reflects the direct staff costs
- Saving can not be recurrent while awaiting the outcome.

Net Recurrent Revenue Saving Reduction in block contract	£500,000
Less costs of continued service provision	£48,972
Net recurrent revenue saving	£451,028

Next steps

- Engagement
- Governance
- Timeline

Next steps

Activity	Timeline
Reply to Secretary of state	End of January 2019
Commission an independent data review	January 2019
Engagement	January – June 2019
Explore and visit other local solutions	January – June 2019
NCCG Governing body held in public	Late Summer 2019
Northumbria Healthcare Trust Board	Late Summer 2019
Inform OSC of decision	Late Summer 2019



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Thank you