

Northumberland Health and Wellbeing Overview and Scrutiny Committee Report

Rothbury Community Hospital

3rd September 2019

Purpose

The purpose of the report is to provide an update to The Health and Wellbeing Overview and Scrutiny Committee (OSC) regarding the progress made by the Rothbury Engagement Group, led by Northumberland Clinical Commissioning Group (CCG), and to request the committee's views, guidance and comments on the following:

- To agree that the CCG and wider system has met all requirements related to the process as stated within the letter from the Secretary of State (SoS) and Independent Reconfiguration Panel (IRP).
- To support the proposed new model presented by Northumbria Healthcare Foundation Trust (NHCFT) to further develop the services available within Rothbury and include a new bed model for both step up and step down beds and palliative care.
- To indicate whether the proposal constitutes a substantial change that requires consultation, or is not considered a substantial change.

Background

Since the closure of Rothbury Community Hospital beds in September 2016 the local population, supported by the Save Rothbury Hospital Campaign Group and local Councillors, have been consistently clear that there is an ongoing need for a vibrant hospital at Rothbury and that this needs to include a number of beds.

The CCG and NHCFT have worked with a small group to relook at the model for the hospital considering both the judgement of the IRP and the genuine challenges of care provision in this vibrant, yet very rurally isolated, area.

This report provides an update from the comprehensive assessments and outcomes from the work of the CCG, the wider care system and Rothbury Engagement Group's integrated working on the future model of care for Rothbury Community Hospital. The work follows the recommendations made by the SoS and IRP and which is overseen by OSC Rothbury Review Group.

Approach to engagement and the work of the Rothbury Engagement Group

The CCG and its system partners, including members of the community and campaign group, have developed a robust engagement framework with the Rothbury Engagement Group and the principles of co-design wherever possible at its heart. The Group is chaired by an experienced independent Chair and is made up of the Save Rothbury Hospital Campaign Group, Healthwatch Northumberland, a county councillor, parish councillors, patient participation group members, a member of the National Community Hospital Association as well as the CCG and NHCFT. Clinical and social care experts have also joined the group.

The CCG has built in as much independence as possible so, in addition to the engagement group's independent Chair, the CCG has also included the following:

- Advice from the Consultation Institute on the process; this has included the last Governing Body development session delivered by the Institute as well as advice to meet our legal and statutory duties as a CCG with regard to involvement
- Independent analysis of the data by Price Waterhouse Cooper (PwC)
- Independent clinical audit of 150 patients by NHS England's Clinical Senate.

The work programme for the six months of the group has covered so far:

<u>Date</u>	<u>Focus Areas</u>
16 April 2019	Setting principles of working, group expectations, work areas and timelines, essential background information required
20 May 2019	Discussion of data packs requested including public health, community services, bed occupancy and travel analysis
21 June 2019	Community Asset discussion and preparation for an update to OSC; also established subgroups for data analysis and community assets (if required)
31 July 2019	PwC presentation of independent data analysis, social care data analysis and discussion and a presentation on the Strategic Vision for Rothbury
27 August 2019	Clinical Senate Audit report and findings, patient experience and NHCFT proposal for the future of Rothbury Hospital. Also preparation for the 3 September OSC meeting
September 2019 date TBC	Next steps depending on the outcome of the August Rothbury Engagement Group Meeting, CCG Governing Body and the September OSC meeting outcomes

In addition to this work, individual sessions with members of the group have taken place alongside communication with parish councils and other local patient participation groups. NHCFT has also been testing ideas for the art of the possible with Rothbury Hospital Campaign Group members, prior to the full proposal development being presented to the Rothbury Engagement Group on 27 August 2019 and the CCG's Governing Body on 28 August 2019. Both meetings were positive about the new model of care.

The engagement group supported the model and agreed to continued engagement with the development of the proposal. The CCG's Governing Body recommended the new model for approval subject to OSC's consideration of the proposal, agreement from NHS England's clinical senate working alongside NHCFT during the mobilisation phase to independently advise on the sustainability of the model for the future and receiving a fully developed Equality Impact Assessment of the new model. The presentation is attached as appendix 1

Findings from the groups work

1. Community Asset Mapping

The Public Health Team based in the Local Authority produced a Community Asset map of the Rothbury area. The fundamental feeling of the engagement group was that Rothbury is already an extremely vibrant community and the community asset mapping merely proves this to be the case, although members acknowledged that it is important to assess for any gaps in provision. A subgroup to look further at this area was not deemed to be necessary.

2. PwC Independent Data Analysis

PwC, whose team was commissioned to analyse the data, presented its results in the first instance to the Data Subgroup for detailed scrutiny on 26 July 2019 and then subsequently to the wider Rothbury Engagement Group on 31 July 2019. Please note PwC used a dataset of all Northumberland residents for comparisons where possible and focused on the period of 2016 to date.

The PwC scope was to independently analyse and comment on trends both before and after the Ward was suspended, in relevant data as sourced (directly or indirectly) from the CCG, NHCFT, Northumberland County Council, the Office for National Statistics, TomTom, and the Health Evaluation Data system.

PwC's conclusions relate purely to findings arising from the agreed analyses, including how the data and trends have (or have not) changed since the CCG's original decision to suspend the Ward.

The report outlined six key findings:

1. Despite the suspension of the Rothbury ward, availability at surrounding community hospitals has not suffered – with no indication of increasing occupancy levels
2. There has been an overall 13% decrease in total admissions to community wards in Northumberland since 2016. Although there were increased admissions to Alnwick of 19%, this does not account for the level of admissions previously seen at Rothbury i.e. Alnwick would have seen a 40% increase not 19%
3. There has also been a decrease in the provision of community inpatient palliative care provision in Northumberland since 2016
4. The average rate of acute admissions per person aged 65 plus has increased by 35% across Northumberland. Rates of emergency re-admissions have increased for 65 plus except for those patients registered to the Rothbury GP practice which have decreased
5. District Nursing visits have continued to increase following the suspension of the ward (but not through increased numbers of nurses, rather each nurse doing more visits)
6. At the time of the initial decision to suspend the ward, it was noted that travel for patients local to the ward would increase to reach alternative inpatient wards and this finding remains the case.

The scrutiny given to PwC and the report at the data subgroup meeting was extremely challenging and key concerns outlined by some engagement group members related to the demographics, patient activity data, validity of midnight occupancy data, and the analysis of district nursing and travel.

3. Social Care and Continuing Healthcare Analysis

In the 30 months before and after the suspension of the ward, there has been an increase in the number of short break stays which was a direct result of home care being unavailable until the new contract arrangements came into force. In April 2019, further funding has been allocated especially into rural areas. There was also an increase in the use of the short term support service which has now decreased as a result of the new contract.

4. Clinical Senate Report and Findings

The CCG's request of the Northern England Clinical Senate was to:

“give independent clinical advice to Northumberland CCG, inform the development of a new model of care / new pathways of care for the residents of Rothbury and surrounds and provide clinical assurance on the final short-listed option(s) for the service model”

The Northern England Clinical Senate agreed to provide this independent clinical advice in two stages:

1. A clinical audit of the care received by patients from the Rothbury and surrounding area during the time the inpatient beds at Rothbury Community Hospital were closed
2. Independent clinical review and / or clinical due diligence of the revised option/options for services for the patients Rothbury and surrounding that the CCG will produce, informed by the clinical audit alongside other engagement, analysis and development work carried out or commissioned by the CCG in partnership with NHCFT.

Of 155 case notes reviewed 9 (5.8%) of the patients were considered to have been suitable for a period of in-patient rehabilitation at Rothbury Community Hospital.

The audit of all admissions over the age of 65 years, and only non-elective admissions aged over the age of 65, yielded similar results in terms of the number of patients who would likely have used the facility had it been available between 1 April 2018 and 30 April 2019.

Rothbury Hospital Proposal NHCFT

The vision is to create a vibrant, fully integrated exemplar of rural health and care provision delivering person-centred care in people's homes and community with access to hospital beds for end of life support and short term rehabilitation for prevention of acute admission and transitioned support to independent living.

The aim is to:

- Improve the health and wellbeing of the population
- Find the solution to the challenges from within Coquetdale harnessing the excellent community offer already available
- Develop a flexible bed model that supports the local population at times of greatest need allocating resources in ways that promote health, wellbeing and independence
- Support the development of a fully integrated rural health and social care service model for Coquetdale through a new and innovative partnership between health and care providers, the community and wider third sector and educational partners

This new model will require continued engagement with local people to develop and support the delivery of a sustainable model for the future that enhances the current provision and develops a flexible bed model. The proposal is that we design this collectively over the next 3-4 months but NHCFT are confident that this model can be delivered locally.

The following are proposed as part of this model:

- A comprehensive hospital to home pathway including discharge to assess (assessments undertaken at home with agreed support packages post discharge for those that are assessed as requiring additional support
- A flexible bed model to support local people to avoid admission to acute hospitals and to offer short term rehabilitation and specialist end of life care
- Additional outpatient clinics both face to face and virtual using the most advanced and secure technology.

If this proposal is supported then NHCFT, the CCG and local representatives will work together to prepare a plan of action and a business proposal that will be adopted by the CCG and NHCFT (with named partners) to ensure the funding for this proposal is secured. This planning exercise will firm up a delivery date for commencement of the new model but it is anticipated that, with early agreement, most components of this model could be operational by April 2020 allowing for staff recruitment time and detailed planning.

Meeting the Secretary of State, Independent Reconfiguration Panel and OSC Rothbury Review Group recommendations

Attached in Appendix 2 is a detailed breakdown of all activity related to the delivery of the SoS and IRP recommendations and timelines. The view of the CCG is that it has met or is in the process of meeting all of the recommendations required and would like to work together with OSC to write jointly back to the SoS with the CCG once the final proposal is agreed stating that this is the case. The CCG has filed evidence for every area of action as required. NHS England also has a role in assessing that the CCG has met its responsibilities in this regard and will make its own assessment.

Conclusion

The work of the Rothbury Engagement Group led by the CCG with contribution from all partners has worked well in evaluating all the assessments undertaken since the group started meeting in April 2019. NHCFT's new model of delivering flexible beds and additional other services provided as part of the health and wellbeing centre, has been well received by all stakeholders and the local community. It is acknowledged that further details around how this model will be operationalised is needed as well as continued engagement with the local community. The new model of delivering flexible beds within Rothbury Community Hospital has been approved by both the Rothbury Engagement Group and the CCG's Governing Body.

The report covers the recommendations and timelines of the SoS and IRP and demonstrates how the CCG has met these requirements.

The CCG and NHCFT are committed to continue to work with the local community and stakeholders in the further development of the model.