

Secretary of State Letter and the Independent Reconfiguration Panel Report on Rothbury Community Hospital

1.0 Purpose

In November 2018, Northumberland Clinical Commissioning Group (NCCG) received a report from the Independent Reconfiguration Panel (IRP) and a subsequent letter from the Secretary of State (SoS), regarding the proposed closure of 12 bed inpatient ward at Rothbury Community Hospital (RCH). The report found there to be flaws in the engagement and consultation process and whilst not recommending immediate reopening of the beds, it made a number of recommendations to the NCCG, which the SoS accepted.

- 1.1 The purpose of this report is to demonstrate that that all recommendations have been addressed from the IRP report and SoS letter and can be evidenced.

2.0 Background

The SoS accepted the IRP advice and recommended the following:

- The CCG should work alongside the Council's Health and Well Being Overview and Scrutiny (HWB OSC) to consult properly when developing the future of the hospital
- Further action is required locally to agree and implement the proposed health and wellbeing centre, potentially including inpatient beds. This should further include:
 - The Trust and CCG, in collaboration with the HWOSC and local community should concentrate their efforts in refining the possible and the probable lists of services into something more tangible.
 - The CCG and HWBOSC should jointly undertake an appropriate assessment to examine the impact of additional travel costs, and inconveniences for families and carers of those affected.
 - The CCG and HWB OSC should focus on those most affected, to consider the impact on families and carers of travelling further afield and to engage fully with the community as the health and wellbeing centre is developed.

- 2.1 Following the receipt of the letter, both NCCG and HWB OSC made preparations to address the recommendations. The SoS requested an update by the end of January 2019, which was provided.

- 2.2 In December the HWB OSC set up a cross party review group, including representation from Health Watch. The review group met initially to determine the scope and to request from the CCG and the Trust to focus on the:
- The future use of the site; the proposed health and wellbeing centre and review of inpatient beds
 - The impact of the temporary closure on patients, families and carers
 - The requirements of the 'fifth test'

- If an Equality Impact Assessment had been completed prior to the public consultation
- The process undertaken with HWB OSC ahead of the temporary closure
- The financial 'justification' (impact) of the closure of the inpatient beds

2.3 On the 11 January 2019 the CCG met with the Save Rothbury campaign group and agreed a number of actions. The actions focussed on the sharing of responses to the OSC, minutes of CCG meetings, criteria for Community Hospitals and services regarding palliative care services. The CCG also agreed to share lists of data sets and organise visits to community settings. In addition the campaign group wanted an update on the Dental Practice. The CCG also outlined the next steps and the setting up of an oversight group.

2.4 The CCG outlined its engagement and progress to date with the HWB OSC in the 16 and 23 January meetings of HWB OSC.

2.5 On the 29th January the CCG wrote to the SoS outlining progress to date as request from his letter in November. The letter was shared in advance with the chair of the HWBOSC. The letter summarised the actions above.

3.0 Progress on recommendations

From February to August 2019, the Trust and the CCG have worked through the recommendations from SoS and additional actions from HWBOSC and the Save Rothbury Group. These actions were then routed through the independently chaired Rothbury Engagement Group – established in April 2019. The core group membership has representation from NCCG, Northumbria HealthCare Trust, Save Rothbury Campaign Group, Primary Care Patient Participation Group, Health Watch, Parish Councils and the Local County Councillor. Additional members have attended as experts – Adult Social Care, Clinical Leaders. The group has met four times so far and has plans for two more meetings as outlined below:

Date	Focus Areas
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

3.1 In addition and following on from the HWB OSC task group in January, the chair of OSC requested updates to the full OSC on progress in June and September 2019.

3.2 For the purpose of the paper, the recommendations, from the IRP and SoS, OSC and Save Rothbury group will be grouped into themes, with an update for each. The following themes are:

a. Rationale and explanation on historical processes and future improvements

The CCG has examined its communication with OSC prior and during the original process and contends that improvements will be made for any future processes. The IRP report noted that locally agreed protocols should be considered between the CCG and OSC. The CCG going forward will formally discuss with OSC any proposed temporary closures. The Trust has agreed to inform the CCG of any issues at the earliest opportunity that may lead to a change in service.

In relation to an Equality Impact Assessment (EIA) , the IRP did note an Equality Impact Assessment had been produced and the CCG confirmed with OSC that this was produced and formed part of the consultation. The CCG has however noted the IRP views which are wider than the formal EIA, which includes the NHSE guidance and the 5th Test. They have formed the basis of current engagement. In addition, the CCG has engaged the Consultation Institute to assess current processes and plans in relation to the proposals that are being formed.

The Save Rothbury Campaign group was given previous Governing Body minutes relating to Rothbury and OSC responses and no further issues were raised in relation to this documentation.

b. Analysis of data including travel data

Data analysis has formed a significant part of the current process the CCG and Trust have examined the original data sets and findings and the information in the intervening period. A small task group has been formed to assess the relevant data sets, the group includes members of the Save Rothbury Hospital Campaign Group. In addition, to give an independent view – PwC have been tasked with the analysis. Additional data sets have been included. The range of postcodes has been extended to include geographies outside of the immediate Rothbury Town, which will allow a better understanding of impact on rural areas. In addition, the IRP report only quoted occupancy for 15/16 only at Rothbury Community Hospital, the original data did use a longer time period and the new data sets will continue to do so.

Whilst, not forming part of the original process, the CCG have requested a clinical audit and engaged the Northern England Clinical Senate – to assess independently the clinical appropriateness of admissions to Rothbury Community Hospital and including cases that where Rothbury residents who were admitted elsewhere or who were placed on a different pathway of care.

The Northern England Clinical Senate has 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 NCCG will produce, informed by the clinical audit alongside other engagement, analysis and development work carried out or commissioned by the CCG in partnership with Northumbria Healthcare NHS Foundation Trust.

The IRP report quoted two population figures – the one the CCG used of 5,300 and the one the Save Rothbury Hospital Campaign Group used of 7,756. This has been examined and again this relates to the wider Coquetdale population. For the purpose of the new data analysis both are in use to demonstrate impact.

In relation to Travel Analysis – the CCG contends that the Health Watch report, gave a rich view of the issues and as part of the new analysis have engaged with Health Watch. PwC have also analysed travel and have reported data and travel to the Rothbury Engagement Group.

The Needs Assessment for Rothbury was included in the original consultation; this was based on national available public health data. This data has not been updated since, so still stands. However, the CCG has monitored new GP registrations as part of the data sets above and the needs of the population can and will be drawn from the analysis above.

c. Development of a Health and Wellbeing centre

This formed a significant part of the SoS letter. In addition, the IRP did note in a foot note on page 4 of their report, that when the decision by the CCG was made to close the beds – it was understood that the CCG would retain services at the hospital, introduce additional services three months' post decision and give further consideration to the introduction of other services in the health and wellbeing centre.

Despite the current process regarding the future model and consideration of beds – the CCG has retained all other services. In the time frame from the decision the Trust has appointed an additional Macmillan nurse for Rothbury and the Rothbury GP practice has moved from its former location into the Rothbury Community Hospital building. The GP practice has taken advantage of the new location and now operates additional services. These include:

1. Weekly MDT meetings discussing high risk patients and palliative care patients;
2. Newly appointed Nurse Practitioner for Frailty; and

3. Closer more integrated working with community nurses and paramedics enabling new ways of working to be developed.

The CCG was made aware that NHSE was conducting a consultation on Dental services in Rothbury and did make NHSE aware of the potential of use of Rothbury Community Hospital. Positive conversations are underway and it is hoped that Dental Services will be delivered on site.

The CCG welcomed the reference by the IRP to other similar facilities such as Torrington and have explored the structure and make up of this. In addition, the CCG visited Belle Vue Day centre and Haltwhistle facility with the Save Rothbury Hospital Campaign Group to explore options and features of what could be made available with or without beds in Rothbury Community Hospital.

The Director of Public Health conducted a mapping exercise in Rothbury of community assets that contributed to improved outcomes for residents. The outcome of which is included in the findings and proposals.

d. Consideration of the beds and usage (including the 5th Test)

The Trust, aside from this process, has been developing its clinical strategy. This work has enabled clinicians to re look at Rothbury Community Hospital and the previous model of care, in the context of NSECH and advancements in technology. It too has looked at data in the intervening period including palliative and end of life care.

The Trust as part of the overall work has worked with the Save Rothbury Hospital Group to look at different bed models and the clinical audit will feed into this.

The Rothbury Hospital Campaign Group's request to understand admissions criteria to all community hospitals was furnished with an explanation that they differed depending on seniority of clinical input. Rothbury Community Hospital was at the time a nurse led unit and this is different to Alnwick and Berwick – this too is being examined in the context of the above.

e. The financial impact

The quantum of savings has been questioned by OSC and the CCG's own Governing Body, in addition, there was some commentary on the overall surplus issues of the Trust and the saving.

In summary, information was provided to the HWB OSC in the January meetings – the saving was a percentage of the overall block. The main saving was staffing and the Trust confirmed the staff were redeployed to vacant posts. The CCG and Trust are working together to understand the costs of any potential new model and the contracting mechanisms to support it and that it provides value for money.

4.0 Conclusion

The above demonstrates that the recommendations to date from SoS and IRP have been appropriately considered and are either met or form part of the ongoing process. For completeness the report includes additional actions requested from OSC and the Save Rothbury Campaign Group and all actions are on track.

Members are asked to use this as a checklist, when considering the findings, proposals and the next part of engagement and possible consultation with the community and OSC.

5.0 Timetable of Rothbury key decisions and actions

Date	Action/ Decision
2 September 2016	NHCFT decision to temporarily suspend services at Rothbury Community Hospital
31 January – 25 April 2017	CCG-led consultation process on the future model of care for Rothbury
27 September 2017	CCG Governing Body decision to permanently close the Rothbury Community Hospital beds
17 October 2017	OSC decision to refer the CCG to the SoS who in turn referred the matter to the IRP
25 October 2017	OSC formal referral of CCG to SoS
12 November 2018	Response from SoS with IRP report asking for further work and consultation on the future model of care for Rothbury including the consideration of beds (Note 13 month gap between OSC referral and SoS response)
10 December 2018	Northumberland Overview and Scrutiny Committee's (OSC) cross-party Rothbury Review Group established – tasked with oversight of CCG's work programme to meet recommendations of SoS and IRP
11 January 2019	CCG met with Rothbury Campaign Group and agreed a series of actions going forward including an offer of co-design
16 January 2019 23 January 2019	CCG outlined proposed engagement process to OSC Rothbury Review Group. Group agreed that CCG would report progress into OSC on a regular basis
29 January 2019	CCG formal update to the SoS on plans to address the recommendations
February/ March 2019	CCG starts sourcing Independent Chair, Consultation Institute support as requested by NHS England, independent data analysis (PwC) and independent clinical audit support (Clinical Senate) and prepares for the establishment of Rothbury Engagement Group
April to September 2019	Rothbury Engagement Group established with Independent Chair; and principles of working, monthly meetings (6) and work schedule agreed
4 June 2019	CCG update to OSC on Rothbury Engagement Group progress (content agreed by the Group)
27 August 2019	Rothbury Engagement Group to discuss Clinical Senate Report and NHCFT Proposal for the future of Rothbury Community Hospital and make recommendations
28 August 2019	CCG Extraordinary Governing Body Meeting to consider NHCFT's proposal for the future of Rothbury
3 September 2019	Northumberland Overview and Scrutiny Committee's (OSC) consideration of proposal and process to date (report content to be agreed by the Rothbury Engagement Group)