

**REPORT TO THE TRUST BOARD - 26 June 2014**
**Title**

“Fit for Future”: Community Health Services in Ashby

**Executive summary**

At the extra-ordinary board meetings on the 27th May 2014 the WLCCG and LPT board agreed to change the model of care for Ashby Community Health Services which will result in the closure of Ashby and District Hospital (ADH). During the discussion at these meetings it was agreed that the recommendations and conditions discussed should be reviewed and a series of indicators needed to be developed. These indicators would enable the WLCCG and LPT boards to receive assurance that suitable services are in place to allow the safe closure of the beds by October 2014 and that progress is being made on the option appraisal for the other services delivered from ADH.

The following information describes the series of indicators. It should be noted, however, that these indicators need to be seen as a collective set rather than individual indicators. Boards will receive assurance that the services that are already in place and are being developed are able to increase capacity in relation to demand and that services that are still being developed will be on line by the time that beds are closed in October 2014.

The attached paper was presented to the WLCCG Board on 10 June 2014 and the board approved the range of indicators and timescales.

**Recommendation**

The Trust Board is recommended to:

- **NOTE** the WLCCG Board decision to approve the range of indicators and timescales
- **APPROVE** the range of indicators and timescales.

**Related Trust objectives**

We will maximise opportunities to deliver the best possible integrated care in Leicester, Leicestershire and Rutland

<b>Risk and assurance</b>	
<b>Legal implications/ regulatory requirements</b>	Under Section 242(1B) of the NHS Act 2006 the duty to involve users or potential users is a legal requirement; this duty is required bot of commissioners of services and those who provide them
<b>Evidence for the Quality Governance Framework</b> (eg paper evidences board engagement with staff (3C))	3c - The Board actively engages patients, staff and other key stakeholders
<b>Presenting Director</b>	Rachel Bilsborough, Divisional Director CHS
<b>Author(s)</b>	C Trevithick, Chief Nurse and Quality Lead, WLCCG R Bilsborough, Divisional Director, Community Health Services Division, LPT
*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
 BOARD MEETING**

<b>Title of the report:</b>	"Fit for Future": Review of Community Health Services in Ashby
<b>Section:</b>	Public
<b>Report by:</b>	Dr Nick Willmott, Clinical Lead C Trevithick, Chief Nurse and Quality Lead R Bilsborough, Divisional Director Community Health Services, LPT Soyuz Shrestha, Project Manager
<b>Presented by:</b>	Dr Nick Willmott, Clinical Lead C Trevithick, Chief Nurse and Quality Lead R Bilsborough, Divisional Director Community Health Services, LPT

<b>Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

<b>Additional Paper details:</b>	<b>examples</b>
Please state reason why this paper is being presented to the WLCCG Board	To approve the consultation document for the Ashby Community Health Services review
Discussed by	Corporate management Team 02/06/14
Alignment with other strategies	Better Care Together
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No



## **Executive summary**

At the extra-ordinary board meetings on the 27th May 2014 the WLCCG and LPT board agreed to change the model of care for Ashby Community Health Services which would result in the closure of Ashby and District Hospital (ADH). During the discussion at these meetings it was agreed that the recommendations and conditions discussed should be reviewed and a series of indicators needed to be developed. These indicators would enable the WLCCG and LPT boards to receive assurance that suitable services are in place to allow the safe closure of the beds by October 2014 and that progress is being made on the option appraisal for the other services delivered from ADH.

The following information describes the series of indicators. It should be noted, however, that these indicators need to be seen as a collective set rather than individual indicators. Boards will receive assurance that the services that are already in place and are being developed are able to increase capacity in relation to demand and that services that are still being developed will be on line by the time that beds are closed in October 2014.

### **Reduction of Inpatient beds**

Conditions relate to a number of community-based services to support prevention of hospital admission and early discharge from hospital.

- An assertive in-reach service to support earlier discharge home for North West Leicester patients who are admitted to an acute hospital.
- A care home support service to ensure people who are cared for in a nursing/residential home are case managed and supported to remain in their home as an alternative to an acute admission when it is safe and appropriate to do so.
- Investment in domiciliary therapy services to ensure that people have more timely access to home based physiotherapy services.
- Increased health funding to support preventative services in social care through the Better Care Fund

In order to assure the WLCCG and LPT boards the following indicators will be monitored to ensure that existing/enhanced services are able to absorb the additional capacity needed:

- Intensive community support service – bed occupancy data to ensure that there is capacity to admit patients when required
- Virtual Ward – bed occupancy data to ensure that there is capacity to increase the number of patients when required
- In reach care home teams – number of homes supported by team per month
- Domiciliary therapy services – reduction in waiting times/increased activity on April 2013 baseline
- Reduction length of stay Queen Elizabeth Hospital, Burton
- Readmission rates for UHL and Queen Elizabeth Hospital, Burton
- HART (Home Care Assessment and Reablement Team – providing intensive support for 6 weeks) – monthly activity data
- Patient experience data – thematic review of survey from patients using Virtual Ward and Intensive Community Support Service (positive and negative feedback)

The following are new services that are being developed to support patients in their own homes. The boards will require assurance that the business cases are on track to absorb future capacity.

- Intermediate Care Team – enhancing current service to include falls service – timescale TBC
- Night assessment service – expansion of Integrated Crisis Response – full rollout by October 2014.
- GP-led care planning for patients over 75yrs – rollout by Sept 2014.

### **Outpatient services & staff bases**

The conditions relating to outpatient services and the staff base require LPT to undertake an option appraisal to identify alternative location for services. This option appraisal should ensure that:

- Option appraisal to identify future location of current services to an appropriate location maintaining access and choice.
- Information regarding potential scope for additional local outpatient services.
- Option appraisal to include full travel impact analysis
- Demonstrate increased investment to reduce waiting times.

CCG/LPT to confirm that outpatient services will continue to be delivered from ADH until alternative site is identified.

The outcome of the optional appraisal for outpatient services and staff will be shared with LPT board on 30 October 2014 and WLCCG board on 11 November 2014.

### **Timescale**

The set of indicators and business cases relating to inpatient services will be presented to the July boards to provide assurance that there is capacity to increase services and those new developments are on track. This will result in LPT moving to scale down inpatient beds between July and October.

In October 2014, the assurances received will allow LPT to commence the necessary changes to outpatient services and staff bases.

### **RECOMMENDATIONS:**

The WLCCG Board is requested to:

**APPROVE** the range of indicators and timescales .