Health Overview and Scrutiny Committee:

Chase Community Hospital Working Group – Findings and Conclusions

Summary

0.1 At the November HOSC meeting it was resolved that a Working Group undertake further scrutiny of the proposals for Chase Community Hospital, and report their findings to the March meeting. This document reports those findings. Following detailed scrutiny of various aspects such as GP support, nursing home provision, demand for inpatient beds and the capacity of community services, Working Group Members came to a view.

0.2 The Working Group concludes that the CCG has evidenced that the proposed model is in the best interest of the local population, and appropriate engagement of the local population has taken place over the proposals. The Working Group make the following recommendations:

Findings of Working Group:

- The Working Group has considered the evidence provided for the preferred bed based model of care, and concluded that the local population cannot sustain inpatient bed provision at the Chase. Eight beds is too few to staff sustainably, and there is not sufficient demand to justify 24 beds.
- Options that would retain beds at the Chase have now been explored, and the Working Group is of the view that the evidence provided demonstrates that these would not be viable options.
- That the CCG has adequately engaged with the public on the future of Chase Community Hospital.

Request that the South Eastern Hampshire Clinical Commissioning Group cover when presenting to the full HOSC on 22 March:

- Why some GPs remain concerned about the proposed model – what aspects are they concerned about, and what can be done to address those concerns?
- That the CCG consider the risk that GPs don't refer patients to the virtual ward and don't provide input to the medical cover, and the impact this may have on other settings, and plan a response to this eventuality.

If there is an acceptable response to these points, it is recommended:

That the proposed service change should be supported by the HOSC, with the following conditions:

- That beds are commissioned from a nearby nursing home prior to the inpatient beds at Chase closing (with an agreed specification of care in place), so there is no gap in inpatient provision for local people.

- That the CCG draw up a Charter to confirm the agreed services to be provided from Chase and the arrangements for bed based care, and make this available to the public. This should include:
  - the number of nursing home beds that will be commissioned (and which home is to be used be communicated to local stakeholders when possible)
  - the details of transport assistance being offered and how local people can access this

- That any adaptations to the Chase site to facilitate the provision of additional outpatient services are carefully planned so that service disruption is kept to a minimum.

- That the CCG provide an update to the July meeting of the HOSC demonstrating how the areas requested by the Working Group have been progressed. (see below)

Proposed recommendations for the CCG to take forwards:

- That the CCG considers an appropriate method of engaging with all local GPs regarding available community provision in the Whitehill and Bordon area.

- That the CCG work with local stakeholders to increase confidence in the bed model – through making clear the support that will be available out of hours and from social care, and the support available to carers. Feedback from families who have experienced support from a 'virtual ward' model could be beneficial.

- That the CCG continues to facilitate the creation of a nursing home in the locality as a priority.

- That the CCG work with Adult Services to monitor the additional pressure on social care arising from increasing support of 'step up' and 'step down' patients in their own home.

- That the CCG ensure the impact on carers is considered, and the CCG work with Adult Services and the voluntary sector on support for carers.

The following provides the evidence for why the Working Group arrived at the above conclusions and recommendations.

1 Introduction

1.1 The Primary Care Trust (PCT) cluster and emerging South Eastern Hampshire Clinical Commissioning Group (CCG) have been developing proposals for service change at Chase Community Hospital in Whitehill and Bordon. This was last considered by the Health Overview and Scrutiny Committee (HOSC) in November 2012. At that meeting, Members gave their support for the CCG to finalise the business case for the redevelopment of Chase Community Hospital, and the intention to take this to PCT and CCG Boards for approval in early 2013.

1.2 It was also agreed that the HOSC would convene a Working Group of the Committee on the future of Chase Community Hospital, to consider the development of the final business case and scrutinise the proposals in further detail. It was requested that South Eastern Hampshire CCG return to the March 2013 meeting of the Committee in order to provide the final business case, and alongside this that the Working Group submit its findings.

2 Method

2.1 A cross party Working Group was formed comprising the following Members of the HOSC: Cllr Ann Buckley, Cllr Phryn Dickens, Cllr Liz Fairhurst, Cllr David Keast and Cllr Pat West.

2.2 The group held an initial meeting in February 2013 where the Terms of Reference were agreed, and written evidence was considered that had been provided to the HOSC during 2012. Members also had available the papers used by the CCG for an options appraisal workshop held in early February 2013. As a result of this meeting, the Working Group Members identified a number of areas where they required further information.

2.3 The Working Group invited the following stakeholders to attend an oral evidence meeting held on 4 March 2013: Cllr Adam Carew, County Councillor for Whitehill Bordon and Lindford, representing the views of the local community; representatives from Southern Health NHS FT, the provider of community nursing services; representatives of the South Eastern Hampshire CCG; and a representative of Hampshire County Council Adult Services.

2.4 Those invited had the opportunity to submit written evidence in response to the questions raised by the Working Group. Additional written evidence was received from the CCG. Members questioned the invited stakeholders on a number of issues, and following the meeting were able to come to a number of conclusions against the lines of enquiry the Working Group set out to consider.

3 Lines of Enquiry Considered and Associated Conclusions

(a) To consider the clinical evidence base for the preferred bed-based model of care option, to include why other models have not been progressed.

3.1 *Source:* Local stakeholders have expressed concerns about the proposed bed based care model, and wished to see further consideration of options that would retain

inpatient beds at the Chase. This was demonstrated by the local County Councillor in representations to HOSC meetings in 2012, and by the petition received by the County Council asking that beds are not closed.

3.2 *<u>Findings:</u>*

Sustainability of 8 inpatient beds

Information provided by the PCT cluster/CCG has indicated that the current number of beds open at Chase (8) is too low to be sustainable. This is the lowest number of beds in use at any community hospital in Hampshire, and this in turn makes each occupied bed day more expensive than other community hospital beds. In September it was reported that staff from Petersfield community hospital were working at Chase to cover staff shortfalls and 'it has become increasingly difficult for our service provider to recruit the right level of skill'.

3.3 The low use of beds is said to create 'potential quality challenges'. Representatives from Southern Health NHS FT attended the evidence session and confirmed that retaining staff to cover Chase continues to be a challenge for the Trust. It was reported that agency staff were being used to ensure appropriate cover, which presented problems for continuity of care. Members heard that the small ward was a less attractive working environment for nursing staff than the more varied workload available in a community role.

3.4 Ability to deliver safe, high quality care to patients using the inpatient beds at Chase is a significant risk under current arrangements, graded red in the risk analysis provided by the CCG. There is a risk of the existing beds needing to be closed due to lack of staff and safety concerns. If uncertainty continues around the future of Chase, this risk will continue.

3.5 *Potential to increase beds at Chase*

Since the HOSC last considered the issue in November 2012, the CCG has drafted alternative options that would involve extending the inpatient ward to 24 beds at Chase. However, their analysis suggests there would not be sufficient patients in the local area to utilise that level of beds. Currently, 5 GP practices refer patients to Chase, 21 refer to Petersfield Community Hospital and 17 refer to Alton Community Hospital. Estimates indicate 353 patients from outside Whitehill and Bordon would need to use beds at Chase annually to fill a 24 bed ward. However, evidence from the CCG highlights that when surveyed 'none of the 11 Practices who responded from outside of Whitehill and Bordon area would refer to Chase'[1] if this was an option. Poor public transport links would also make it difficult for relatives of those based further afield to visit patients at Chase.

3.6 *End of Life Care*

Another option explored would involve extending the inpatient ward at Chase to include 12 step up/step down beds and 12 end of life care beds. However, the CCG states that there is not sufficient demand to justify 12 end of life care beds, as the majority of patients prefer to die at home. There are a number of hospices in Hampshire which provide end of life beds, and 'there is no evidence that these services require access to additional beds' (CCG evidence to 4 March meeting). According to the bed audit undertaken at Chase, 18% of inpatients were end of life,

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[1] See written evidence provided for 4 March Working Group meeting

and 9 out of 10 had expressed a preference to die at home. The proposed model would increase community capacity to support such patients in their own home. A MacMillan Cancer Support representative present at the November 2012 HOSC meeting reported that they were confident that this could be done successfully.

3.7 *Coverage of Community Hospital Beds by Population*
According to CCG evidence, the NHS Estates Strategy defines the minimum number of beds for a new facility as 48 (made up of two 24 bed wards), to serve a population of 100,000-200,000. The CCG highlighted that if the Chase hospital had 24 beds, this would equate to 171 beds per 100,000 population, as the current population of Whitehill and Bordon is 14,033. This number of people is equivalent to the list size of a large GP practice. The PCT Cluster and CCG indicate their ambition is to provide coverage of community beds equivalent to 24 per 100-200,000 population and within a 30 minute drive, to meet needs and provide sufficient economies of scale. Petersfield community hospital is 18 minutes drive from Chase community hospital and Alton community hospital is 21 minutes away.

3.8 *Eco Town Impact*
The impact of the Eco Town development has been considered, however the population impact is predicted to be minor over the next 10 years (according to modelling undertaken for the Whitehill and Bordon EcoTown Masterplan[2]), with an increase of no more than 3000 people anticipated by 2020. The population is estimated to increase to 24,840 by 2031 due to the eco town development.

3.9 *Preferred Model*
Under the preferred model, the remaining inpatient beds at Chase would close. According to the bed audit undertaken of those using the inpatient beds in the past year (July 2011 to June 2012), the majority of these patients could be supported in their own home, and the small number requiring 24/7 care could be supported in a nursing home bed. Patients would also have the choice to be supported in an alternative community hospital, if clinically appropriate.

3.10 Support for patients in their own home would be provided using a 'virtual ward' model. Under this model, one person co-ordinates the care provided for a patient. This ensures continuity, and is an improvement on the situation on the inpatient ward at Chase were staffing can change. Representatives of the Southern Health NHS FT community nursing team were present at the evidence session, and reported their confidence in the proposed model, which is already working successfully in other parts of Hampshire. Southern Health gave assurance that there was sufficient resource in the community team to support the proposed model, as the workforce was modelled by population and took rurality into account.

3.11 Members heard that if a patient currently on the ward at Chase deteriorated overnight, the nurse on duty would call the Out of Hours GP, and if necessary an ambulance would be called to admit the individual to an acute hospital. This would remain the case for patients supported in the community. Overnight nursing care could be provided if assessed needs indicated this requirement, and out of hours GP cover could be called upon. It was reported that Southern Health passed details to

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[2] Taken from 'A Review of healthcare needs to inform service changes around Chase Community Hospital' which was provided as part of the papers for the February 2013 options appraisal workshop. This refers to the 2010 version of the eco town Masterplan.

the Ambulance Service of all patients being supported in the community that were particularly vulnerable, so they would have access to information on the background should they get called to such a patient.

3.12 A GP on the CCG governing body attended the evidence session, and reported that any GP would consider carefully the benefits and drawbacks of admitting a patient to a hospital bed. Individuals placed on a hospital ward quickly lose independence, therefore it was preferable to support people in their own home where possible. Adult Services confirmed that a move away from bed based care towards community based care aligned with the strategic direction being taken by Adult Services.

3.13 The CCG acknowledge that support at home does not suit all, and therefore as part of the preferred model they plan to commission 4 beds from a local nursing home, for those requiring 24/7 care. It was hoped that in the future these could be commissioned from a nursing home in Whitehill and Bordon, however in the meantime it was proposed to use a home 6 miles away in Liss.

3.14 *Outpatient Services*
The health needs assessment undertaken by the PCT and CCG identifies some health needs in the local area which increased outpatient services at Chase could target e.g. local rates of smoking are significantly higher than the national average, and there are higher admission rates for cancer than the national average. This supports the preferred model which would allow for the development of additional outpatient services.

3.15 The range of outpatient services proposed would increase numbers able to access such services at Chase from 8,900 to 18,000. This would reduce journey times for those who currently travel further to access these outpatient services. There is consensus among stakeholders that outpatient services should be increased at Chase, to address the fact it has historically been under utilised. During the engagement undertaken, there has been support from the public for the proposals to extend outpatient services.

3.16 At the evidence day, Working Group Members queried whether Chase would remain a hospital without inpatient beds. The CCG responded that they were committed to maintaining Chase Community Hospital and ensuring it had a sustainable future. It would remain a hospital, and there were examples of other Community Hospitals without inpatient beds following the same ‘virtual ward’ model.

3.17 The options appraisal indicates that 23,422 patients would benefit from services at Chase under the preferred model, compared to 9,360 under models that retained 24 inpatient beds.

3.18 *Conclusion:*
The Working Group concludes that the CCG has made the case that 8 beds are not sustainable, and that there is not sufficient demand in the local area for 24 beds. The PCT analysis suggests that of those using Chase over the past year, 94% could be supported in alternative settings (presumably the remaining 6% could potentially go to Alton or Petersfield Community Hospital). It has been demonstrated that options retaining beds have been considered, but the proposal for a ‘virtual ward’ model of

bed based care and an increase in outpatient services at the Chase has been shown to be preferable.

Recommendations

To the HOSC:

1) The Working Group has considered the evidence provided for the preferred bed based model of care, and concluded that the local population cannot sustain inpatient bed provision at the Chase. Eight beds is too few to staff sustainably, and there is not sufficient demand to justify 24 beds.

2) Options that would retain beds at the Chase have now been explored, and the Working Group is of the view that the evidence provided demonstrates that these would not be viable options.

(b) To examine GP support for the bed-based model of care.

3.19 *Source:* Local stakeholders have previously indicated to the HOSC that not all local GPs are supportive of the proposals for implementing virtual wards in the Whitehill and Bordon area (instead of inpatient beds at Chase). This was acknowledged by the PCT/CCG in their presentation to the November 2012 HOSC meeting.

3.20 *Findings:*
To address concerns from GPs about the capacity of the community team, the CCG has increased community staffing from 7.6 FTE to 14.6 FTE, and provided £125k for additional training, which all staff will have undertaken by end of March 2013. However, written evidence provided to the 4 March working group meeting indicates 'we are aware that a number of GPs from the Whitehill and Bordon area remain concerned about the proposal to re-provide bed based care in community and nursing home settings'.

3.21 The CCG were invited to expand on this aspect at the oral evidence meeting. The GP representative reported that he could understand why some GPs would be sceptical of the provision available to support people in the community. Historically the community team covering the Whitehill and Bordon area has not been as good as other areas. However, the capacity of the community team had been increased in recent years.

3.22 It was suggested that GPs had not seen 'what good looks like' in terms of the community model yet. The Southern Health nursing team suggested it would be clearer to GPs once they started using the proposed model. It was reported that an offer had been made for GPs local to Chase to meet staff in other parts of East Hampshire where the virtual ward model works well.

3.23 The GP representative indicated that GPs would not want to send their patients to an acute setting, and therefore would prefer to support their patients in the community once beds were no longer available at Chase. It was suggested that GPs will make the model work if the decision was made to proceed. It was accepted that there was

a need to be clear what community provision was required and to make sure it was delivered – the CCG gave assurance they would do so.

3.24 *Conclusion:*
Support from all local GPs is yet to be achieved. This is a concern for the Working Group as the model of care requires GP support and input, and a move to this model without their support could result in increased bed days in other hospital settings if GPs are not confident in the community support available.

Members suggest the CCG consider holding an event for GPs local to Chase to make them aware of what is available under the proposed model, as they may not be aware of the capacity available to support patients in the community. This would also be an opportunity to make clear how to refer patients in to the 'virtual ward'.

Recommendations

Request that the South Eastern Hampshire Clinical Commissioning Group cover when presenting to the full HOSC on 22 March:

3) Why some GPs remain concerned about the proposed model – what aspects are they concerned about, and what can be done to address those concerns?

4) That the CCG consider the risk that GPs don't refer patients to the virtual ward and don't provide input to the medical cover, and the impact this may have on other settings, and plan a response to this eventuality.

To the HOSC:

5) That the CCG considers an appropriate method of engaging with all local GPs regarding available community provision in the Whitehill and Bordon area.

(c) To review the outcomes of public and patient engagement with the local community, and to understand how these will be incorporated into the final business case.

3.25 *Source:* When considering a service change, the HOSC is expected to consider how the NHS has engaged or consulted with patients and the public, and how the feedback from engagement is responded to in development of proposals.

3.26 *Findings:*
The PCT and CCG have undertaken various engagement activities since 2009, which they have evidenced substantially in the materials provided to the Working Group. The CCG suggest that the amount of engagement work undertaken has been sufficient to bring local stakeholder attention to the Chase proposed model, and to highlight the concerns and views of patients and the public. The local community representative present at the evidence session commented that questions used in surveys were leading and public events not well attended. However, it was acknowledged that the steering group of local stakeholders had been constructive.

3.27 The key issues that have arisen from public engagement are:

Concern over the loss of beds
The removal of the inpatient beds is seen as a service reduction. The local community appreciate having the option of a ‘step up’ or ‘step down’ bed close by. Local people are reassured by the context of a staffed community hospital ward, and have trust in the provision at Chase that they are used to. People are not convinced care in their own home would be sufficient, and would rather not be placed in an unfamiliar nursing home further afield.

3.28 The CCG message is that this is a service change and not a reduction – capital funding is proposed to be invested in the hospital as part of the changes and the preferred model is not driven by a need for financial savings. The local community support the proposed expansion of outpatient services, and the CCG argues these can only be provided if space and funding is freed up by the removal of the beds. Evidence suggests people have better outcomes if treated at home compared to a hospital stay, therefore commissioners and providers wish to move to this approach.

3.29 The engagement plan provided as evidence to the 4 March meeting describes a process for ongoing communication with the local population, but not the content. This does not answer how the CCG expect to reassure the public that care at home is equivalent or better than care at Chase. The local community representative indicated that the local population seek assurance that the promised extra services will be delivered, as there have been plans in the past that have not come to fruition.

3.30 *Nursing Home provision*
Concern has been expressed that there is no guarantee that a nursing home will be built in the Whitehill and Bordon area, and that if there is it will take years before those beds will be available to local people. The CCG has ‘committed to work with developers and the Local Authority to secure such a facility for the local population’ (options appraisal pack). The presentation to the November 2012 meeting of the HOSC indicated ‘positive discussions have been held with a number of nursing home providers’.

3.31 The local community representative indicated the local population want to know how likely it is that a nursing home will be built. If there was a high degree of confidence, this would help provide reassurance that beds locally would not be lost forever. The CCG responded that a town the size of Whitehill & Bordon needs a nursing home; this was currently a gap in the market. The Homes and Communities Agency had recently purchased the Quebec site which included the option for a 60 bed nursing home. Another provider had expressed interest in building a smaller 30-40 bedded home on the Elizabeth Dibben site (if services currently there transferred to the Chase).

3.32 Adult Services indicated they would not plan to block purchase nursing home beds, however they concurred there was a gap in the market for a nursing home in the Whitehill and Bordon area, and they would expect to spot purchase beds once such a facility existed.

3.33 The CCG acknowledges that it will take between 3 and 5 years for a local nursing home to become a reality. Members asked at the evidence session what the CCG would do if a nursing home did not materialise within 5 years. CCG representatives

responded that in their view there is sufficient demand for the market to provide a nursing home.

3.34 In the interim, the CCG proposes to commission beds from a nursing home in Liss (6.3 miles from Chase). Clinicians and stakeholders have had the opportunity to visit the proposed nursing homes, and feedback has indicated a preferred provider. The local community representative present at the oral evidence session wished to receive assurance that patients would be cared for by their own GP when placed in a nursing home bed in Liss, as there was some concern GPs would not wish to travel there.

3.35 *Transport*
Local people are concerned about the arrangements that would be in place for access to a nursing home prior to one being built in Whitehill and Bordon, due to poor public transport in the area. The CCG have acknowledged the difficulties with public transport in Whitehill and Bordon, and have made a commitment that for any patients placed in a nursing home bed in Liss, free transport will be made available for carers/relatives to visit. The local community representative indicated that local people seek reassurance this is guaranteed.

3.36 *Conclusion:*
The PCT and CCG have undertaken several years of engagement activity, including a short period of engagement on the proposed bed-based model of care. From the strength of feeling indicated by the local community representative, it is apparent that the NHS have been successful in communicating their proposed plans for the future of Chase. The CCG have noted the concerns of local stakeholders, and have previously reported these to the HOSC, alongside the actions to mitigate them.

3.37 The CCG has yet to convince local people of the merits of the proposed bed based care model. The CCG could consider seeking examples of patients from other areas that have been supported in their own home, who could provide feedback on their experience. It would also be helpful for the HOSC to receive updates on progress with provision of a nursing home in Whitehill and Bordon, and commitment from the CCG to pursuing this as a priority.

3.38 The CCG has addressed concerns about interim nursing home provision and transport by giving stakeholders the opportunity to visit the identified providers and offering assistance with transport.

Recommendations

To the HOSC

6) That the CCG has adequately engaged with the public on the future of Chase Community Hospital.

To the CCG

7) That the CCG work with local stakeholders to increase confidence in the bed model – through making clear the support that will be available out of hours and from social care,

and the support available to carers. Feedback from families who have experienced support from a ‘virtual ward’ model could be beneficial.

8) That the CCG continues to facilitate the creation of a nursing home in the locality as a priority.

(d) The working group will also monitor work progressing on the final business case prior to the March 2013 Committee meeting, including the risks and proposed risk mitigations of the service change.

3.39 *Source:* At the November meeting of the HOSC, the committee gave the CCG and PCT the go ahead to prepare a detailed business case, and requested this be brought back to the March 2013 meeting along with information on identified risks and proposed mitigations. It was proposed that this Working Group be kept informed on progress, so developments could be given careful consideration, to support scrutiny of this item at the March meeting.

3.40 *Findings:*
The PCT/CCG have now undertaken further work on potential options that would retain inpatient beds at Chase, which were shared with local stakeholders at an options appraisal workshop in early February 2013. This reflects the feedback from the local community that they would like to see the beds retained. This has been helpful to demonstrate why these options are not considered viable.

3.41 *Impact on social care and carers*
The assessment of the impact of the preferred model acknowledges there would be increased demand on social care, to support the personal care needs of people cared for in their own home rather than in a community hospital setting (which would also impact on carers). According to evidence provided by the CCG ‘additional funding has been set aside to support both’. Written evidence provided to the 4 March meeting indicates £100,000 has been identified in the business case to mitigate the impact on adult social care.

3.42 Adult Services indicated at the oral evidence session that they had concerns regarding the impact on carers and personal support needs of those supported in their own home. Discussions had taken place and the mitigation proposed was considered satisfactory, however Adult Services would be continuing to monitor the situation. Flexible budgets had been created that could be used for extra domiciliary care.

3.43 *Monitoring*
When asked how they would be monitoring the service change, the CCG indicated they were interested in producing a Charter detailing what services they were committing to commission, which would include key performance indicators (KPI) so that performance could be assessed. Providers would be penalised if they did not run the clinics commissioned as requested. There would also be joint KPI’s with social care to monitor the impact of supporting more people at home.

3.44 The CCG reported that the Steering Group including local stakeholders has been helpful in providing constructive challenge and that it was intended for this group to

continue once a decision has been taken. It was anticipated that the Steering Group would have a role in holding the CCG to account over delivery of the proposed service changes. The CCG representatives also accepted it would be crucial to undertake further work with local GPs.

3.45 *Transition*
The CCG has provided assurance that they 'would begin to commission beds as soon as a decision is taken about the future of Chase' with 'flexibility to purchase additional beds if required' (written evidence provided to 4 March meeting). They have been working with two nursing homes in Liss, as recommended by local GPs, and clinicians and key stakeholders have visited them to assess their suitability.

3.46 Adult Services highlighted the importance of therapy services in order for 'step up' and 'step down' care to be successful. Adult Services were interested in joint commissioning this aspect with the CCG to ensure services were effective. Historically community services had not had the capacity to support all aspects of an individuals needs; it was important the proposed model did so if it was to succeed.

3.47 *Ownership of the Estate*
Regarding ownership of the Chase site, Department of Health Guidance allows for Trusts providing community services to acquire parts of the PCT estate 'integral to the provision of community services commissioned from these NHS bodies'. However, in the case of Chase Community Hospital the estate is not being taken on by Southern Health Foundation Trust as another part of the guidance applies. This states that an estate is to be retained by the PCT (and passed to NHS PropCo on 1 April 2013) if it 'comprises part of a development or reconfiguration programme, which will not be completed by March 2013'. The CCG also indicated that other providers would use Chase e.g. GPs so it didn't make sense to pass it over to one provider. Assurance was given that transfer of the Chase estate to NHS PropCo would not be restrictive; if the business plan gained approval the capital works required would be prioritised for the 2013/14 financial year.

3.48 *Conclusion:*
In November, the message from the local community was that people wished to see inpatient beds remain at Chase, and could not see why options that did so had not been taken forward. Since then, the CCG has responded to this by modelling options retaining beds, and compared these to the 'virtual ward' model at an options appraisal workshop. The options appraisal pack demonstrates that there is not sufficient need in the local population to sustain a 24 bed ward (including taking account of the future growth in population related to the eco town).

3.49 The Working Group acknowledge that it is preferable to have the business case for the future of Chase agreed prior to transfer of the estate to NHS PropCo in April, and to avoid continuing the uncertainty around the future for the beds.

3.50 The Working Group would like to see further consideration given to the impact on carers and what can be done to support them, e.g. will it be easy for carers to access support (including out of hours) if they are concerned? Members also noted the comments of Adults Services about the importance of therapy services being available as part of the virtual ward.

Recommendations

To the CCG

9) That the CCG work with Adult Services to monitor the additional pressure on social care arising from increasing support of ‘step up’ and ‘step down’ patients in their own home.

10) That the CCG ensure the impact on carers is considered, and the CCG work with Adult Services and the voluntary sector on support for carers.

4 Recommended HOSC Decision

4.1 Based on their investigations, the Working Group propose the following to the HOSC:

That on balance, the CCG has evidenced that the proposed model is in the best interests of the local population, and appropriate engagement of the local population has taken place over the proposals. Therefore the proposed service change should be supported, with the following conditions:

- That beds are commissioned from a nearby nursing home prior to the inpatient beds at Chase closing (with an agreed specification of care in place), so there is no gap in inpatient provision for local people.

- That the CCG draw up a Charter to confirm the agreed services to be provided from Chase and the arrangements for bed based care, and make this available to the public. This should include:
  - the number of nursing home beds that will be commissioned (and which home is to be used be communicated to local stakeholders when possible)
  - the details of transport assistance being offered and how local people can access this

- That any adaptations to the Chase site to facilitate the provision of additional outpatient services are carefully planned so that service disruption is kept to a minimum.

- That the CCG provide an update to the July meeting of the HOSC demonstrating how the areas requested by the Working Group have been progressed. (recommendations 5,7,8, 9 and 10 above)