

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	18 January 2016
Report Title:	Inquiries Received and Action Taken
Reference:	7194
Report From:	Director of Policy & Governance

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1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/ inquiry	Source	Action Taken	Comment
Community Bed Review	North East Hampshire and Farnham Clinical Commissioning Group	A report has been attached as Appendix One (page 5).	
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the update on the Review of Community Beds Model in North East Hampshire and Farnham. b. Request the Case for Change, Options Appraisal, and plans for consultation be presented to the March 2016 meeting of the HASC. 			
Care Quality Commissioning inspection report	<p>Hampshire Hospitals NHS Foundation Trust</p> <p>Care Quality Commission</p>	<p>Final report of inspectors to be received and recommendations for action to be noted by the Committee.</p> <p>The Report from the inspections is attached as Appendix 2</p>	First Hospital Trust to receive a 'good' in the boundaries of Hampshire.
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the outcomes of the Care Quality Commission's inspection report on Hampshire Hospitals NHS Foundation Trust. b. Request the action plan from the inspection report. c. Confirm timings for future monitoring of the progress of actions recommended. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

0. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 **Equalities Impact Assessment:** This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

2 Impact on Crime and Disorder:

2.1 This paper does not request decisions that impact on crime and disorder

3 Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impacts have been identified.

North East Hampshire and Farnham Vanguard:
working together for a healthy population



Hampshire Health and Adult Social Care Select Committee

Date of meeting: 18 January 2016

Vanguard New Models of Care – Review of Community Beds Model in North East Hampshire and Farnham

Purpose of the report: To describe the progress to date on North East Hampshire and Farnham Primary and Acute Care System Vanguard project to review its community beds model.

1. Introduction

- 1.1 This report provides an update to the Hampshire Health and Adult Care Scrutiny Committee about progress on our review of community beds.
- 1.2 North East Hampshire and Farnham are one of 50 sites across the country selected to pilot the new models of care as outlined by the NHS England Five Year Forward View, known as a Primary and Acute Care System Vanguard. The Vanguard programme is enabling health and social care professionals in North East Hampshire and Farnham to speed up plans to develop new ways of providing and commissioning health and care services with local people. This vanguard is owned by the whole system in North East Hampshire and Farnham, including the Clinical Commissioning Group, Frimley Health NHS Foundation Trust, Hampshire County Council, Surrey County Council, North Hampshire Urgent Care, Salus GP Federation, Southern Health NHS Foundation Trust and Virgin Care Plc.
- 1.3 The Vanguard proposal is to introduce a fundamentally different model of service delivery, co-designed with local people. The new model is intended to:
- Redesign fragmented pathways of care;
 - Reduce the number of people who are admitted to hospital – with particular focus on locally identified priorities of reducing the number of people who fall, and improving care for people with respiratory problems and heart disease;
 - Eliminate delayed transfers of care, in particular by eradicating waits in hospital for assessment or for decisions about ongoing care needs, leading to a substantial reduction in the overall number of emergency bed days for North East Hampshire and Farnham patients at Frimley Park Hospital;
 - Ensure that the mental as well as physical health needs of individuals are fully addressed at every stage of care pathways.

- 1.4 As part of this programme of work there is a project focused on reviewing the current community bed model in North East Hampshire and Farnham. The aim being to streamline and improve peoples' experiences and make best use of the beds and facilities we have to meet local needs.
- 1.5 The project began in July 2015 and includes a review of Fleet and Farnham Community Hospital beds and nursing home beds in North East Hampshire. The aim of the project is to streamline and improve peoples' experiences and make best use of the beds and facilities we have to meet the needs of local people.

2. Work completed to date

- 2.1 A Clinical Working Group (CWG) was formed to consider the full range of views, evidence, potential opportunities and consideration of options for proposed new models of care for community beds. The CWG comprises of representatives from the League of Friends of Fleet and Farnham community hospitals, North East Hampshire and Farnham CCG, Hampshire and Surrey County Councils, Southern Health Foundation Trust and Virgin Care, Surrey and Borders Partnership, local GPs and Frimley Park Hospital.
- 2.2 The CWG has met five times since June to review the current model of care in the community hospitals, the evidence base for community beds, intelligence about what other health economies are doing and the results of an audit of patients in Frimley Park, the two community hospitals and Hampshire County Council's Ticehurst reablement unit.
- 2.3 At its November meeting the CWG reviewed the results of a clinical audit carried out by The Oak Group. Case notes relating to 90 patients at Frimley and 43 patients who were inpatients at Frimley Park Hospital across the three community units were reviewed. The patients selected were older people predominantly on general medical wards and who were registered patients with General Practice in North East Hampshire and Farnham. For information governance reasons relating to patient consent, the Frimley audit did not cover patients with dementia.
- 2.4 The aim of the audit was to determine:
 - The proportion of people whose admission could have been avoided if there were enhanced community health and care services in place;
 - The proportion of people who could be cared for at a 'lower level of care' either in a community bed or at home supported by enhanced community health and care services.
- 2.5 It is important to recognise that the audit assumes an 'ideal world' where all necessary alternative services are in place: this is not necessarily the current position of the current health and care system. There will always be a degree of interpretation and further work is needed to look at the audit in more detail – therefore the figures should be considered more broadly and in conjunction with other evidence.

2.6 A summary of the results from our audit in comparison to the average of 120 audits conducted by The Oak Group elsewhere in the UK is provided below:

- 17% of admissions reviewed in the Acute Hospital in North East Hampshire and Farnham could have been cared for at a lower level of care in comparison to the UK average of 23%
- 19% of admissions reviewed in the community hospitals in North East Hampshire and Farnham could have been cared for at a lower level of care in comparison to the UK average of 20%
- 55% of continuing days of stay (days after admission day) in the acute hospital in North East Hampshire and Farnham could have been cared for at a lower level of care in comparison to the UK average of 56%
- 56% of continuing days of stay (days after admission day) reviewed in community hospitals in North East Hampshire and Farnham could have been cared for at a lower level of care in comparison to the UK average of 52%

2.7 An important message from the audit, is that our results are consistent with those from elsewhere. We have also reviewed a small number of similar audits done by another company and this confirms that our local results are in line with the norm. Our conclusion is, therefore that there may be a number of local people being treated at a higher level of care than their needs require. The audit also identified the optimum alternative setting of care for each patient who could be cared for at a lower level, comparative to other audits undertaken in the UK. There are many reasons this may be the case and further work is needed to validate and understand the reasons behind the following differences.

- 9% of patients in North East Hampshire and Farnham could have been cared for at Home with a GP follow up in comparison to the national average of 19%
- 30% of patients in North East Hampshire and Farnham could have been cared for at Home with domiciliary social care in comparison to the national average of 12%
- 18% of patients in North East Hampshire and Farnham could have been cared for at Home with community healthcare in comparison to the national average of 16%
- 10% of patients in North East Hampshire and Farnham could have been cared for in a supported living environment in comparison to the national average of 12%
- 29% of patients in North East Hampshire and Farnham could have been cared for with intermediate care (including community hospital care) in comparison to the national average of 20%
- 3% of patients in North East Hampshire and Farnham could have been cared for at a sub acute level in comparison to the national average of 12%
- 1% of patients in North East Hampshire and Farnham could have been cared for in other setting in comparison to the national average of 9%

2.8 The audit results provide us with useful information which we can combine with other information, local views, local knowledge, the best practice evidence base and other system plans to help predict the number of community beds, scale of community and primary care services the system is likely to require in the future and the model of care needed to support this.

3. Emerging options

3.1 We are anticipating that there may be a need to formally consult with local people about the future configuration of community beds in the future. The emerging ideas of the Clinical Working Group may cover things like model of care or location.

Examples could include:

- 'do nothing' i.e. to continue with current service models at the two community hospitals: Fleet and Farnham
- Providing a level of **care** needed in a community hospital facility by a patient who does not require hospital acute **care**, but who requires more intensive skilled nursing **care** in a community hospital facility.
- beds in one location
- and beds in each locality

3.2 An options appraisal exercise led by the clinical working group will determine the next phase of this work and form part of a pre-consultation exercise.

4. Next steps

4.1 We will continue to work through the CWG to develop options and develop the pre-consultation business case which is required as part of the NHS England assurance process for service changes.

4.2 Whilst we are already engaging with partners and local people on the community bed review, we are planning an earlier public engagement exercise to begin in March 2016. This work will be led by Vanguard Engagement and Coproduction work stream and align to the new models of care and integrated care team workstream.

5. Conclusion

5.1 We will continue to develop our case for change and options through engagement with stakeholders and colleagues from both county councils and NHS England.

6. Public Health Impacts

6.1 As the work progresses and options are developed, an Equality Impact Assessment and a Deprivation Impact assessment will be undertaken to analyse the effect these changes will have on local health of the population.

7. Recommendations

7.1 The committee notes the project.

8. Next steps

8.1 By March 2016, a Case for Change and options appraisal will be produced that will provide future options for the new care models for community bed stock. These options will form a wider consultation exercise with local communities and partners.

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