

Review of Intermediate Care provision in Tameside and Glossop

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)



INTRODUCTION

NHS Tameside and Glossop Clinical Commissioning Group (CCG) is committed to ensuring the best possible health care is provided for residents in Tameside and Glossop. However we face significant challenges in providing quality services that meet the needs of a growing older population and the increasing number of people with long-term health conditions that need care. In order to meet the health care needs of our population for the future and within the budgets available, the CCG and its partners have reviewed ways to deliver our services. This consultation focuses on how we continue providing a high quality, responsive and accessible Intermediate Care service in Tameside and Glossop in light of increased demand.

WHAT IS INTERMEDIATE CARE?

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

The main aims of Intermediate Care are to:

- Help people avoid going into hospital unnecessarily;
- Help people be as independent as possible after a stay in hospital; and
- Prevent people from having to move into a residential home until they really need to.

HOW AND WHERE IS INTERMEDIATE CARE DELIVERED?

Intermediate Care can be provided to people in different places, for example:

- in a community hospital,
- residential home; or
- in people's own homes. We have invested heavily in this in recent years.

We've also introduced the following services as part of our Intermediate Care offer:

- Digital Health Service providing Care Homes and the Community Response Service with rapid access to an Advanced Nurse practitioner for advice via SKYPE.
- An Extensive Care Service (including additional doctors called Extensivists) to work with individuals living with complex ongoing health and care needs.
- Intravenous Therapy service now provided in the home.

A variety of different professionals can deliver this type of specialised care, from nurses and therapists to social workers. The person or team providing care will depend on the individual's needs at that time.

HOW HAVE WE DEVELOPED THE PROPOSALS?

Engagement on developing a new model for Intermediate Care began in 2014 with specific focus groups involving members of the public and patients. These sessions identified key issues that need addressing.

- There is no 'step up' into Intermediate Care bed based services which means patients are often admitted direct to hospital when care could be provided in a community setting.
- Patients stay in hospital longer than necessary whilst they are being assessed to identify their ongoing needs – which is not ideal for the hospital OR for the patient

Further engagement events have taken place more recently with patient groups from across the community to help us understand views on the current system of Intermediate Care and people's expectations for future provision. The key findings from these discussions were:

- The importance of supporting people to live independent lives but also remain safe.
- Recognition that a community based bed offer is needed but where possible individuals should be cared for at home.
- The 'step-up' offer which avoids direct admission to hospital needs to be expanded; this can be achieved through care at home or in a community based setting.
- Intermediate Care needs to focus on the physical needs of the individual but also take into consideration and be able to support their wider emotional needs, including people with mental health needs.
- The environment in which Intermediate Care is delivered needs to enable individuals to interact with others and provide physical space to help them regain their independence.



OUR APPROACH TO INTERMEDIATE CARE

Care Together is our plan in Tameside and Glossop to bring health and social care services together to improve quality and access to the services you need.

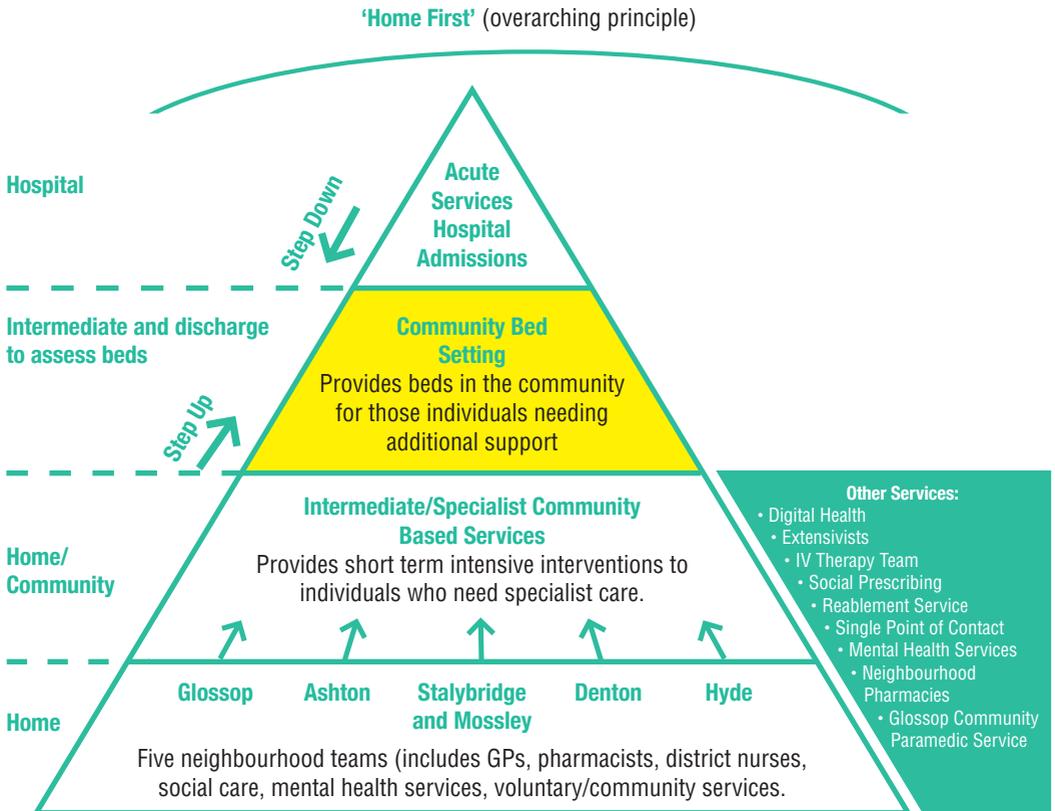
A key priority of our Care Together Programme is:

- to support people at home, wherever possible and safe to do so, or in a community bed where home is not appropriate; and
- to avoid unnecessary hospital attendances, admission and to ensure prompt and safe discharges back into the community or home.

To enable us to achieve this ambition in regards to Intermediate Care, we have implemented the 'Home First' model which comprises of two key elements: avoiding hospital admissions where unnecessary and ensuring individuals can leave hospital as soon as they are well enough to.

Our overall approach to Intermediate Care is shown below in Figure 1.1.

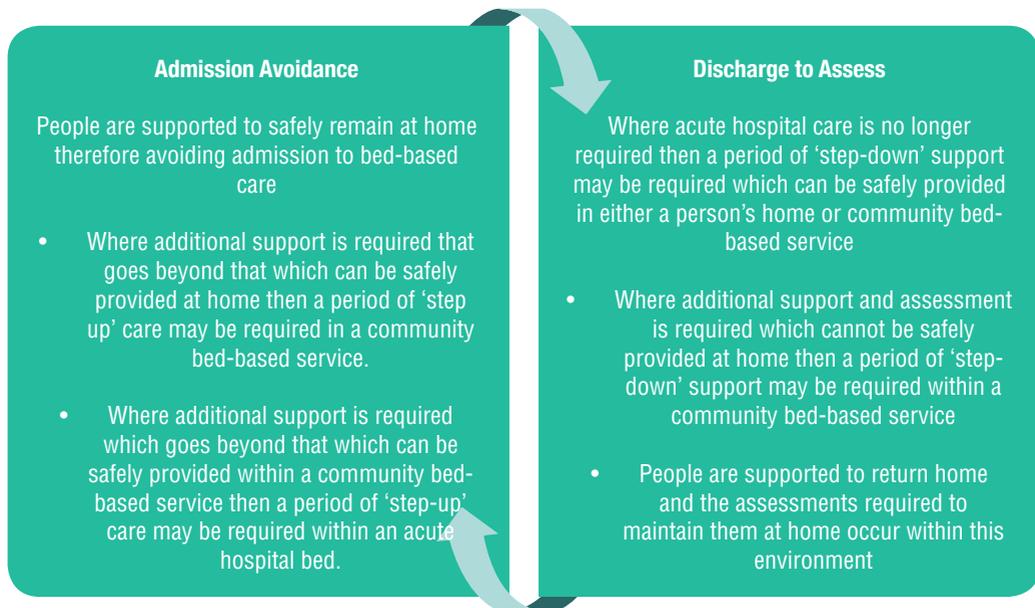
FIGURE 1.1: INTERMEDIATE CARE MODEL



The 'Home First' model ensures that people are supported through the most appropriate pathway with care provided in the home always being the preferred option. However, it is recognised that not all individuals' Intermediate Care needs can be managed safely in their own home. In some cases there is a need for a community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home without going into hospital (Admission Avoidance) or as soon as they are medically fit (Discharge to Assess).

This 'Home First' model of care, explained in the diagram below, is a key component of our overall Intermediate Care offer.

FIGURE 1.2: HOME FIRST MODEL OF CARE



In addition to Home First model, Integrated Neighbourhood Teams have been established across five localities including Glossop. This is an integrated team comprising of primary care (including GP services and pharmacists), community services such as district nursing and therapy services, social care, mental health services and the voluntary/community sector.

These Neighbourhood Teams will deliver high quality, core health and care services, tailored to the neighbourhood population in order to best meet the specific needs of the population and to improve outcomes. In respect of the intermediate care model, the Integrated Neighbourhoods through the GP, social care services and community teams will provide a co-ordinated care and support service to people who live in their neighbourhood area who have intermediate care needs. The team will also link with the intermediate tier/specialist and urgent care services to provide additional care input where required.

If the preferred option is implemented with intermediate care provided in one central location in the Stamford Unit, these Integrated neighbourhood and specialist services will provide Glossop with a community based offer of care in addition to the service provided from the Stamford Unit. This includes a care offer from community clinic locations including the Glossop Primary Care centre, GP practices, care homes, community beds or in patients own homes. These services will enable more Glossop patients to be safely provided with intermediate care more locally instead of needing to have an inpatient stay in a community bed, based on clinical assessment.

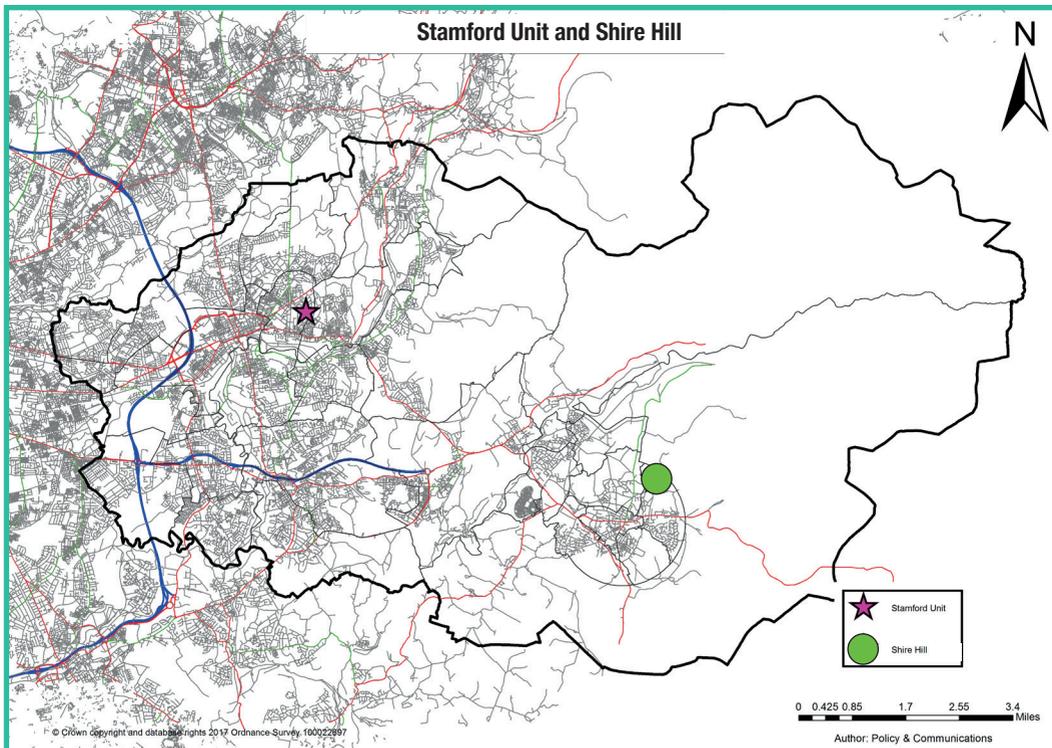
THE OPTIONS FOR PROVIDING BED BASED INTERMEDIATE CARE SERVICES

This consultation seeks your views on three options for providing the bed based Intermediate Care services (highlighted in yellow in the model in Figure 1.1).

Currently we provide 68 bed based Intermediate Care in two locations:

- 32 beds in the Stamford Unit in Ashton on the site of and run by Tameside Hospital (Tameside and Glossop Integrated Care NHS Foundation Trust).
- 36 Intermediate Care beds in Shire Hill in Glossop also run by Tameside Hospital.

FIGURE 1.3 CURRENT LOCATION OF COMMUNITY BASED BEDS



OPTION 1: MAINTAIN CURRENT ARRANGEMENTS

This option maintains the number of beds provided at the Stamford Unit (32) within the Tameside Hospital site and maintains the current community beds provided at Shire Hill in Glossop (36 beds). There is also access to 32 'discharge to assess' beds at the Stamford Unit.

- The facilities available at each of the two locations are different and provide differing levels of care, due in part to the location of and facilities available in the buildings.
- This option requires staff to work from a number of locations, with the expectation that community and neighbourhood staff travel across the area reducing the amount of time that can be spent with individuals to help them return home quickly.
- It is our view that this is not a sustainable model for the future.
- Between April 2015 and May 2017; 847 service users stayed at Shire Hill only 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of Stamford Unit.
- Between March 2015 and May 2017; 1,279 service users stayed at Stamford Unit and 96% of them lived with 5 miles of it.
- In the off-peak period, during weekdays, 80% of residents in Tameside and Glossop can reach the Stamford Unit by public transport within 45 minutes compared to 24% travelling to Shire Hill.

OPTION 2: ALL BED-BASED INTERMEDIATE CARE IN A SINGLE LOCATION AT THE STAMFORD UNIT. (OUR PREFERRED OPTION)

All bed-based Intermediate Care would be provided at a single location in the Stamford Unit run by Tameside Hospital on their site in Ashton. The hospital is rated Good by the Care Quality Commission (CQC). The provision of Intermediate Care beds at Shire Hill in Glossop would cease.

- This option provides 64 Intermediate Care beds in the Stamford Unit, Ashton
- If we located all the Intermediate Care beds along with the 'discharge to assess' beds in the Stamford Unit, we would have a dedicated building of 96 beds which could be used flexibly to accommodate daily patient need.
- 27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.
- The Stamford Unit is able to provide single room accommodation, each with their own en-suite facilities along with significant communal space on each of the three wards. This encourages social interaction and independence and provides space to support rehabilitation and patients' exercises.
- One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide intermediate care and 'discharge to assess' beds in a unit which is able to support patients with dementia.
- The Stamford Unit is located in a central location in Ashton within the Tameside Hospital site. The site has good public transport links, parking facilities, is well known and is easily accessible for patients and relatives.
- Additionally easy access and short journey times for health care professionals and support staff between the Stamford Unit and main hospital will reduce staff travelling time, increase specialist support to all Intermediate Care beds and enable the development of services in the unit.

OPTION 3: DEVELOP A SCHEME OF BED BASED INTERMEDIATE CARE WITHIN LOCAL PRIVATE CARE HOMES

This option would require us to work with private care home providers to develop capacity within existing care homes or invest locally in increasing capacity to host bed based Intermediate Care. This option would mean that Intermediate Care beds are not located in one single location but spread out across the area where capacity can be found. This option requires care home providers to be willing to invest in increasing bed spaces and if new care homes were required, a short term solution would be required whilst capacity in the system is built.

TABLE 1.1: SUMMARY OF OPTIONS

	Stamford Unit, Ashton	Shire Hill, Glossop	Private Care Home Provider
Current Provision	32	36	0
Option 1	32	36	0
Option 2	64	0	0
Option 3	32	0	Up to 32

HAVE YOUR SAY ON THE PROPOSALS

We are keen to hear your views on the three options set-out above. You can provide your views by:

Completing the online survey at: www.tamesideandglossopccg.org/intermediatecare

You can pick up a paper copy at local GPs across Tameside and Glossop.

Write to us at: NHS Tameside and Glossop Clinical Commissioning Group, Dukinfield Town Hall, King Street, Dukinfield. SK16 4LA or email us at: tgccg.communications@nhs.net

HOW WILL WE USE YOUR COMMENTS?

The consultation will run for 12 weeks from 23 August 2017 until 15 November 2017. Once the consultation closes, the CCG will analyse all the responses received by the closing date. This feedback from residents, along with a range of other factors including legal and financial considerations, will be taken into account when preparing a final proposal on which option should be implemented. It is proposed that a report will be taken to Single Commissioning Board with our recommendations in December 2017. This report will be available on the CCG's website: www.tamesideandglossopccg.org

WHERE CAN I GET MORE INFORMATION ABOUT THIS CONSULTATION?

More information, including the detailed reports presented to the Tameside & Glossop Single Commissioning Board, are available via the CCG website at: www.tamesideandglossopccg.org

