

CABINET – 20 OCTOBER 2015

A New Model for Health and Care in the Henley-on-Thames area

Report by Director of Adult Social Services

Introduction

1. Cabinet are asked to note the plans for future services at Townlands Hospital, the proposed future model of health and care for the Henley area and the implications for adult social care which are outlined in this report.
2. The proposals were taken to the Oxfordshire Clinical Commissioning Group Governing Body on 30 July 2015 where they were endorsed, subject to assurances outlined later in this report. On 24 September 2015 the proposals were taken to the Governing Body again, along with the assurances requested, where a decision was taken to implement the new model of health and care.
3. In agreeing to implement the proposals, the Governing Body raised the need for the Clinical Commissioning Group to play an active role in monitoring both the transition period and the delivery of the new model of care. It was agreed that a paper reviewing progress will be taken to the Governing Body in six months.

History

4. The initial outline business case for the redevelopment of Townlands Community Hospital in Henley-on-Thames was produced in March 2005 by the South East Oxfordshire and South West Oxfordshire Primary Care Trusts.
5. In 2011 the proposal was approved by the Strategic Health Authority and a full business case for a new hospital and re-provision of services on the Townlands site was developed and approved by Oxfordshire Primary Care Trust in 2012. The model of services in the 2012 business case reflected the type of clinical services and nature of provision that fitted with the way health care was organised and delivered at that time.
6. In 2013 the responsibility for the construction of the hospital transferred to NHS Property Services whilst the planning and commissioning of services transferred to Oxfordshire Clinical Commissioning Group as part of the NHS reforms.
7. Building of the new hospital started in May 2015 and it is due to open 7 December 2015.
8. A review of services to be delivered from the new hospital was carried out in December 2014 which resulted in a proposal for an expanded range of services and a different model of care.
9. As a result of the review the Clinical Commissioning Group, the County Council and NHS provider Trusts reconsidered the services to be provided at the new Townlands site. At the centre of this were the current and future health and social care needs of local residents and those within a 10 mile

radius of the site, informed by a health needs assessment carried out by Public Health team.

A new model of care

10. A model of care was then proposed for the new Townlands Hospital, based on what has been called 'ambulatory care'. Where possible, this brings the health care people need to them, either in their own home or closer to home. This approach is supported by a growing body of clinical evidence, both nationally and internationally.
11. The proposed new model will use a combination of assessment, treatment and rehabilitation both at Townlands Hospital and in people's own homes. A Rapid Access Care Unit (RACU) based at Townlands will support the delivery of this type of progressive care for patients. The model does not include bed-based care in the hospital.
12. The Rapid Access Care Unit will be led by a consultant or GP and run by a multidisciplinary team. It will be able to provide next day appointments, and will be available seven days a week, 365 days a year. Assessment, diagnosis and treatment will all be able to be provided on the same day, with no need to travel to different settings or to wait for the results of X-Rays or blood tests. People will either come into the hospital or the Rapid Access Care Unit will take its services to them in their own homes.
13. The Rapid Access Care Unit will not provide an emergency service. For suspected stroke, heart attack or other emergencies people will still need to access an acute hospital in Reading or Oxford.
14. An increased range of outpatient clinics, podiatry and dentistry will also be provided at the new Townlands Hospital.
15. Occasionally people may need a short stay away from home, either to avoid going into an acute hospital, or before they go home after treatment in either a hospital or through the Rapid Access Care Unit. To meet this need the proposal includes commissioning a small number of 'step up' and 'step down' intermediate care beds from the Orders of St John Care Trust, who will have a residential care home on the same site as the new Townlands Hospital by summer 2016.
16. The new model of care is linked to the way health services are joining up with social care (help with day-to-day activities such as getting dressed, eating and using the toilet) and community and voluntary sector services so that people have the support and care they need arranged around them and their families. Working closely with GPs, the Clinical Commissioning Group, the County Council and Oxford Health NHS Foundation Trust are developing Integrated Locality Teams across Oxfordshire.
17. These teams are made up of a range of professionals, including older people's mental health nurses, social workers, occupational therapists and district nurses who will work with people at home, as well as being able to hold clinics and appointments at Townlands.

Consultation

18. Following the service review in December 2014 the model was shared with Henley Town Council's Townlands Steering Group and the proposals were presented to a meeting in public on 27 March 2015.

19. Following the meeting it was agreed with the Joint Health Overview and Scrutiny Committee that Oxfordshire Clinical Commissioning Group would run a consultation on the changes proposed. The consultation ran from 12 May 2015 until 15 June 2015.
20. People responding to the consultation were mostly positive about the new model of care, but raised a number of issues. Most people's concerns were in relation to the beds available in the existing hospital not being replaced in the new building.
21. Concerns were raised about the ability of community services, including social care, to meet people's needs at home, the possibility of increased delayed transfers of care, and the number of 'step up' and 'step down' intermediate care beds being commissioned. People were also concerned about how the transition would be managed between the existing services (including the hospital beds) and the proposed new services.

Key issues

22. The Clinical Commissioning Group Governing Body met on 30 July 2015 and agreed the recommendation to endorse the clinical model proposed and to note the consultation responses. They recognised that further work was required to give them full assurance on a number of areas raised as part of the consultation.
23. They also asked that the Clinical Commissioning Group take the opportunity for further engagement with stakeholders in developing the responses to these issues, in order that the Governing Body can take a decision.
24. The main assurances sought by the Governing Body related to the following areas:
 - The use of and demand for hospital beds in the area
 - The ability of The Orders of St John Care Trust to meet the needs of the new model
 - The capacity of community health and social care teams to support the new model
 - Transition plans
 - Financial modelling
25. Specific groups were set up to examine each of these areas in detail. These groups were made up of representatives from the Clinical Commissioning Group, Oxford Health NHS Foundation Trust, the County Council and the Henley Townlands Steering Group.
26. The group examining the capacity of community health and social care teams to support the new model reported a wide range of care and support services available in the area, through voluntary and community groups and through the provision of social and health care. If demand for community health services were to increase during the transition period, the Clinical Commissioning Group has established some flexibility to respond.
27. The Clinical Commissioning Group has reviewed the use of beds and the nature of care provided at Townlands hospital currently, and is confident that the proposed model can meet needs. They have assessed transition requirements and met regularly with local provider organisations to put in plans in place to support safe and timely transfer of services from the old to the new premises.

28. Part of the transition arrangements will be an additional 8-10 beds being made available at Wallingford Community Hospital until the Order of St John Care Trust 'step up' and 'step down' intermediate care beds are available on the Townlands Hospital site. Recognising the importance visits from friends and family play in a person's recovery, during the transition period transport will be arranged for people unable to travel from Henley to Wallingford on their own.
29. The Clinical Commissioning Group, with the County Council, has continued to work with clinical and operational leads across local provider organisations to refine the Rapid Access Care Unit patient pathway and service specification.
30. The County Council and Clinical Commissioning Group have had discussions with the Orders of St John Care Trust about the 'step up' and 'step down' intermediate care beds planned for summer 2016 when the new Orders of St John Care Trust premises are due to open on the Townlands site, and the nature of the care that could be provided.
31. Financial viability has been thoroughly examined alongside modelling activity for the Rapid Access Care Unit. For the money available, the new model, once fully operational, could provide care for eight times more patients than the existing inpatient model.
32. The Clinical Commissioning Group and the County Council have continued to work closely with local people, GPs, local politicians, groups and provider organisations to develop the proposed model of care and address people's concerns.
33. Following this work and after consideration of the assurance provided, the Clinical Commissioning Group Governing Body on 24 September agreed the proposed model of care and to move to implementation.
34. Health and care will be provided in the Henley area in new ways. There are implications for adult social care in terms of the positive opportunities for closer working with colleagues in health services to provide even more responsive and flexible care to people earlier and to prevent needs for care escalating.
35. There may be an increase in demand for support and care at home associated with people staying at home rather than going into a hospital bed, but this is likely to be offset by people being able to take greater advantage of reablement and rehabilitation at an earlier stage.
36. Adult social care teams have been closely involved at all stages of developing the new model and are confident of their ability to commission and organise the care needed to support it.

Financial and Staff Implications

37. It is possible, as outlined above, that there will be an increase in the need for support and care at home in the area, which would have implications for spending on adult social care. More complex and expensive care packages might be needed by some people who have stayed at home and not gone into a hospital bed.
38. However, there are potential savings in working more closely with health and in people having the help they need as quickly as possible, so that their needs for social care may actually be less than after a stay in hospital.

39. The Clinical Commissioning Group anticipates bearing the cost of the beds commissioned to support the 'step up' requirements of the Rapid Access Care Unit and ongoing 'step down' need from acute trusts. If length of stays within the Orders of St John Care Trust beds exceed those anticipated, due to delays in securing social care packages, the Clinical Commissioning Group will look to address this with the County Council. This will form part of the ongoing evaluation and monitoring arrangements to be introduced.

Equalities Implications

40. The Clinical Commissioning Group has carried out an assessment of equality impacts. Currently there have been no negative implications identified for particular groups or those with protected characteristics under the Equality Act 2010.
41. It is of note that the proposed new model extends access to support and care and is expected to deliver better outcomes to a larger number of people. The services will be available to all adults over the age of 18, although are likely to be used mostly by older people.

Legal Implications and Risk management

42. The council needs to ensure that there are no restrictions imposed by the complex property arrangements for the site as they relate to the offer of beds to third parties other than the County Council. This will be reviewed by the council's legal department.

Communications

43. The Commissioning Support Unit, working for the Clinical Commissioning Group, is coordinating communications, working closely with the council's communications and media team.

Recommendation

44. The Cabinet is recommended to note the intentions of the Clinical Commissioning Group and the potential implications for the County council.

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Background papers: N/A

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