

Consultation on the future of Benjamin Court Healthcare Unit, Cromer

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

To receive consultation from North Norfolk Clinical Commissioning Group.

1. Introduction

- 1.1 Members of Norfolk Health Overview and Scrutiny Committee (NHOSC) received updates in the NHOSC Briefing throughout 2016-17 about the development of a supported care service in North Norfolk, rural Broadland and South Norfolk.
- 1.2 The Supported Care Programme aims to develop and implement an agreed system model for local integrated multidisciplinary community provision closer to home to reduce avoidable emergency attendances and admissions. It is about making adjustments to the way services are organised so that certain patients are reached before they reach crisis point. The programme aims to keep people at home and help to maintain independence as long as possible. It is part of an on-going process to establish local joined up community provision, connecting health and social care with the voluntary sector and wider community.
- 1.3 The Programme has three main strands:-
 1. Establishment of the Supported Care Service
 2. Focusing Norfolk Community Health and Care (NCHC) in patient care on 'sub-acute' patients with higher care needs
 3. Exploration of alternative uses for existing in-patient units

1.3.1 Establishment of the Supported Care Service

The health and care components of the Supported Care Service were launched on Monday 31 July 2017 in the following areas:-

North Norfolk:

Mundesley, Cromer, North Walsham, Aldborough, Ludham, Stalham, Coltishall and Wroxham

South Norfolk:

Wymondham, Wicklewood, Hethersett, Morley, Ketteringham, Poringland, Mulbarton, Swardeston, Swainsthorpe, Framlingham Earl & Pigot, Stoke Holy Cross, Caister St Edmund, Howe, Dunston

The service will be rolled out to additional areas in North and South Norfolk in September and October 2017, as further staff are recruited and trained. During this period the Supported Care teams will work with other services to meet the needs of patients. The Supported Care teams across North and South Norfolk will consist of five Care Coordinators, four Nurses, four Occupational Therapists, two Physiotherapists, five Reablement Practitioners, and seventy Support Workers to provide an integrated and holistic approach to the needs of patients.

This first phase of the service provides immediate response, short term (up to seven days) wrap around reablement care with nursing and therapy oversight, to return patients to their previous levels of wellbeing and independence.

The service is expected to accept 30 new referrals a week in each CCG area when working at full capacity. Following a soft launch due to building capacity the service started receiving referrals from the first week; with the South Norfolk team taking five referrals and the North Norfolk team taking four referrals. Also referrals have been received from a variety of sources including GPs, Community Matron, Acute hospital, Community Nurse and Occupational Therapists. Interventions have included immediate response and reablement care, equipment provision, exercise plans and alternative strategies for undertaking tasks around the home.

The second phase of Supported Care will further develop the team to establish local joined up community provision. This will involve making connections between the Supported Care team and local voluntary and community sector organisations to support people in their own homes e.g. help to get out and about or encourage healthy lifestyles.

The key components of the integrated model are:-

➤ Voluntary sector

- Carer Education and Coaching – the CCGs have undertaken engagement with voluntary sector organisations and have agreed to use an outcome focused procurement, where they make clear what outcomes they would like for patients and the voluntary sector organisations suggest the best way of achieving them using their expertise in the area.
- Community Engagement and Development – making use of the Community Action Norfolk report detailing:
 - Health and care specific voluntary and wider community organisations across South Norfolk
 - How best to develop these assets
 - How best approach to managing the relationship between the voluntary sector and wider community organisations, the community and health and care professionals

- Reablement Care - Norfolk County Council recruiting 80 additional staff to work across North and South Norfolk to significantly increase capacity within the Norfolk First Support (NFS) service.
- Healthcare – Norfolk Community Health & Care NHS Trust (NCH&C) recruiting 10 Whole Time Equivalent (WTE) Nurses, Occupational Therapists and Physiotherapists to work across North and South Norfolk to provide nursing and therapy oversight including a rapid response review and a health and social needs assessment.
- Programme Management – North Norfolk Primary Care and Norfolk County Council recruiting Service Leads for North and South Norfolk to provide overall leadership, management and co-ordination across all the components of the Supported Care Service.

The CCG asked Healthwatch Norfolk to undertake a qualitative evaluation of the impact of the service on patient's perception of their health and social care support.

1.3.2 Focusing Norfolk Community Health and Care (NCHC) in-patient care on 'sub-acute' patients with higher care needs

Increased supportive care is expected to alter the demographic of inpatients within the intermediate care beds. Inpatients within these units are expected to come from both secondary care (step down) and direct admissions from GP's (step up). These patients will continue to be frail but to enable better flow through the hospital system, the plan is for patients to have access to these beds much earlier in their admission. A much broader range of therapeutic interventions will be available such as Nasogastric (NG) tubes and Intravenous (IV) therapy.

The plan is for admissions within both Kelling and North Walsham community hospitals to be aligned, to offer the largest flexible capacity and the best movement through the hospital system for patients. Therapy within these two units will be targeted to the patients as needed, to enable a more fluid system and help to prevent any ring fencing of beds.

1.3.3 Exploration of alternative uses for existing in-patient units

The consultation on alternative options for future use of Benjamin Court falls under this strand of the Programme. A public consultation was launched on 19 June 2017 and will run until 11th September. The consultation document is available on the North Norfolk CCG website

<http://www.northnorfolkccg.nhs.uk/benjamincourtconsultation>
(and at Appendix A to this report).

The CCG held a consultation drop-in event at Cromer Community Centre between 12.00 noon and 8.00pm on 29 August 2017 to give members of the public an opportunity to hear about the proposed plans, ask questions and make comments to the CCG.

Decisions about the future use of Benjamin Court will be made by the North Norfolk CCG Governing Body in public on 26 September 2017.

1.4 The consultation document includes six options for future use of Benjamin Court:-

Option 1 - Keep the service at Benjamin Court unchanged.

Option 2 – Palliative care provision

Option 3 – Discharge to assess – assessing the care needs for frail patients in the community

Option 4 – Intravenous therapy (IV) at Benjamin Court

Option 5 – Voluntary services

Option 6 – Outpatient services

The CCG set up a steering group to discuss the future use of Benjamin Court including representatives from Norfolk Community Health and Care NHS Trust (NCH&C), Norfolk & Norwich University Hospital (NNUH), clinicians working in the unit, GPs in Cromer and elsewhere in North Norfolk, Norfolk County Council, Cromer Town Council, Hospital Friends and members of Patient Participation Groups (PPGs) linked to local GP surgeries.

Benjamin Court Steering Group believe the most credible options for Benjamin Court to be:

- Up to 8 Palliative Care Beds
- 2 IV Therapy Beds/Chairs
- 6 Discharge to Assess Beds
- Additional voluntary/third sector provision
- Additional outpatient clinics

2. Purpose of today's meeting

2.1 NHOSC Members were notified of the public consultation on the future use of Benjamin Court in the July NHOSC Briefing and on 20 July the committee agreed to receive the consultation at today's meeting.

Representatives from the CCG have been invited to present the proposals, inform the joint committee about emerging themes in feedback from the public consultation to date, and to receive any comments that the joint committee may wish to make.

2.2 The public consultation document poses two questions in relation to the proposals for future use of Benjamin Court:-

- How would these proposed changes impact you?
- What else should the CCG consider in making this decision?

NHOSC may wish to consider making comments particularly in response to the second question.

3. **Suggested approach**

3.1 After the CCGs' representatives have presented the consultation document, Members may wish to discuss the following areas:-

- (a) Supported Care was launched on 31 July 2017. Has there been assessment of the early results of the new service?
- (b) Great Yarmouth and Waveney (GY&W) CCG planned to introduce community based out of hospital teams and reduced its numbers of community hospital beds following an extensive 'Shape of the System' consultation in 2014. During the process it had to pause the introduction of the out of hospital teams due to financial constraints as demand for acute urgent and emergency care continued to rise. Are the CCGs confident that the Supported Care Service will continue to be rolled out in a timely way, and can they give assurance that enough intermediate care beds will remain available at Benjamin Court in the transitional period while Supported Care becomes established?
- (c) What analysis has been done on the effect of the proposed changes in terms of transfers of patients from the acute hospital to care in a community setting?
- (d) What analysis has been done in terms of future demand for services, including future need for NHS community beds?
- (e) The consultation document lists a number of outpatient services which could be delivered at Benjamin Court. Is there buy-in from the acute hospital to making these happen at Benjamin Court, and would this have any implications for Cromer Hospital?

4. **Action**

4.1 The Committee is asked to:-

- (a) Consider whether it wishes to make comments to North Norfolk CCG in response to the consultation.
- (b) Consider whether it wishes to invite the CCG to report back to NHOSC on 26 October 2017 with analysis of all the feedback received in response to the consultation and the decisions taken by its Governing Body in light of that feedback.



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