

West Midlands Clinical Senate

Stage 2 Clinical Assurance Review

ADDENDUM to the Future of Local

Health Services in Northern

Staffordshire Clinical Senate Report

(July 2018)

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West Midlands Clinical Senate Review of the Future of Local Health Services in Northern Staffordshire

The CCGs are in receipt of the West Midlands Clinical Senate Future of Local Health Services in Northern Staffordshire Report July 2018 ([Report](#))

The Clinical Senate Review Panel for the above-mentioned review met on Friday 13th July 2018 (Day 3) to assess progress and respond to two specific questions from the CCGs. This addendum is a response to the key findings of the panel from Day 3. A draft of the addendum was shared with the CCGs to inform the NHSE panel process which took place on the 17th July 2018. Please note this addendum was approved at the Clinical Senate Council on the 25th July 2018.

Overall the panel was impressed with amount of progress that had been made since Day 1 and 2 with regard to the articulation of the clinical model particularly the additional information provided around the hub development. The panel is also now in receipt of the provisional preferred options for the location of the community beds and the provisional preferred locations for the community hubs. The panel has also received a copy of the full pre-consultation business case which was very helpful in clearly articulating the proposals, clinical model and risks. On day 3 the panel also received the CCGs response to the recommendations set out in the Clinical Senate panel report for this reconfiguration. The panels response is set out to cover the two key questions identified by the CCGs and the subsequent CCG response by recommendation.

The questions received for Day 3 from Zara Jones, Director of Strategy, Planning and Performance on behalf of North Staffordshire CCG and Stoke CCG are as follows together with the panel response:

Q1. From the report you have issued us from Day 1 and 2 of the review, would any of your findings or recommendations change as a result of our shared provisional preferred options?

Panel conclusion: The panel was of the opinion that the provisional preferred options are consistent with the model proposed and the views of panel members on days 1 and 2. The panel also noted that there was additional information provided in the PCBC which responded to some of the recommendations and risks outlined in the previous report.

Q2. Are there any additional recommendations that you (the panel) would make now that you are sighted on the provisional preferred options?

Panel response: The panel did not identify any additional recommendations.

The panel considered the CCG's responses to the Clinical Senates recommendations cited in the West Midlands Clinical Senate Future of Local Health Services in Northern Staffordshire Report July 2018 at its meeting on 13th July 2018 and has provided an outline of the panel's opinion below:

1. Recommendation 1

The panel agrees that the hub model is more clearly articulated now within section 3 of the Pre Consultation Business Case (PCBC). The approach to integration is supported by the panel but the panel would suggest that there is ongoing consideration of the benefits of real integration rather than co-location, although the latter may be a key phase of the transition process. The panel recognised the importance of all stakeholders engaging and committing to this direction of travel but suggests there needs to be a significant and ongoing focus on the full engagement and inclusion of primary care colleagues in the discussions. The panel noted the risk around capital investment which is crucial to delivery of this model.

2. Recommendation 2

The panel is of the opinion that there has been sufficient progress of recommendation 2 as outlined in the PCBC.

3. Recommendation 3

The panel continues to be supportive of the need to reduce the number of community beds and enhance the community offer and is satisfied that the CCGs have undertaken the appropriate modelling to identify the number of beds required and also have the plans in place to review this at regular intervals. The panel also heard mitigation plans to ensure that the transition was managed safely, particularly through the winter period which provided additional assurance. The panel has now received further clarification on the further steps that have been taken to manage quality and safety in the care homes which the panel felt were positive and increased the level of assurance around this element of the future model. (NB referenced in point 5 below)

4. Recommendation 4

The panel notes the evolving outcomes framework in Section 6.3.6 of the PCBC and supports this approach.

5. Recommendation 5

The panel received further clarification around the role of Midlands Partnership Foundation Trust (MPFT) as the lead provider, and the future role of the CCG around contract negotiation and management which provided additional assurance that there would be a focus on continued quality improvement and any deterioration in quality in nursing homes would be managed promptly. The panel supports the proactive approach to provide an enhanced offer to care homes including education and training for staff and quality assurance mechanisms.

6. Recommendation 6

The panel recognised that the CCGs are proactively engaging with primary care but would encourage further co-production and involvement which will be pivotal to the new care model and its successful delivery. The CCGs will need to ensure they have an approach to incentivise primary care to be fully involved. The panel is of the opinion that when the Future of Local Health Services in Northern Staffordshire team comes back to the Senate pre implementation that for the Senate there will be a key focus on how this has been operationalised.

7. Recommendation 7

The panel received further assurance around the transition plans to maintain safe services through winter. The panel wanted to highlight the importance of ensuring that patients in surge beds in Bradwell get equal access to the other rehab pathways.

8. Recommendation 8

The panel noted and welcomed that the CCGs have a process to regularly review/re-run the modelling regularly in the future and adjust the plan moving forward as required.

9. Recommendation 9

The panel notes the comments from the CCGs and has no additional comments.

10. Recommendation 10

The panel notes the CCGs comments that they are sighted on the risk of changes to social care and have mechanisms in place to keep this under review.

11. Recommendation 11

The panel recognises the mental health team support for patients with dementia within the first 72 hours of discharge which was comprehensive. The original recommendation, however, referred more to the importance of the mental health skills and expertise within the integrated care teams that is required to ensure holistic care is provided to these patients through their entire journey.

On a more minor note, the panel would like to draw the attention of the CCGs to the use of the term EMI which is now seen as an outdated term and would suggest this is revisited in any future plans.

12. Recommendation 12

The panel has noted that this is part of the five year activity model.

Other advice / comment

Travel

The information with regards to the travel implications as a consequence of the change indicates an equitable approach for different communities from the preferred proposed provisional locations.

STP Alignment

As far as the panel can ascertain, these plans are in line with the strategic direction of the STP.

Next Steps

The panel recognises that the next stage of the NHSE assurance took place on 17th July 2018 and notes the outlined timeline for public consultation in the PCBC. As a consequence, the panel requests that the CCGs return to the Clinical Senate in early 2019 when the consultation is concluded and prior to implementation of the plans in order that the Senate can be assured that any further significant clinical safety issues that have arisen during the consultation period can be considered by the Senate.

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