

INTERMEDIATE CARE

Board Meeting

6 January 2009

1. Introduction

- 1.1 In May 2008 NHS Sheffield Board approved a strategic direction for a new model of intermediate care (IC) intended to reduce inequality of service delivery and improve the number of patients who can access the IC service. The Board in September 2008 further supported a period of 12 or 13 weeks public consultation on the model as required by the Department of Health for any major service change.
- 1.2 This paper provides an update on the programme September –December 2008. This period has also seen the successful completion and sign off of the governance and services assurance process of the NHS Yorkshire and Humber that includes:
- The assessment of effective management and control of the programme by the Office of Government of Commerce (OGC)¹.
 - The National Clinical Advisory Team visit endorsing the programme “overall the proposals are a great step forward for elderly and other patients who require care outside the acute care setting and meet the requirement for enhancing care within the community and within the patient’s home”².
- 1.3 This paper also informs the Board of the consultation methodology, and the public and staff engagement. This report also sets out the key messages from the consultation in the body of the report and more detail on public and staff responses in appendix 3.

2. Background

- 2.1 Intermediate Care (IC) is a term used to describe a range of services with the following aims:
- To provide short term rehabilitation, including nursing and therapy, to enable people to fully recover following hospital treatment, so that they can regain their independence and prevent premature needs for ongoing social and health care, including placement in care homes. No one should be placed in long term care without having the opportunity for rehabilitation

¹ Health Gateway Review 0: Strategic assessment (first) Programme Title: Intermediate Care In Sheffield
Health Gateway ID: DH405

² National Clinical Advisory Team Visitor – Dr Chris Clough, Date of Visit – 2 September 2008

- To facilitate early discharge from hospital or residential care settings, as part of the pathway home
- To provide care in or as near to people's homes such that admission to hospital can be avoided³

There are a wide range of services within Sheffield that are described as intermediate care, these include community based services and bed based services.

2.2 NHS Sheffield Strategy Directorate has the lead for Intermediate Care in partnership with commissioning colleagues in the City Council. The implementation of the proposed redesign of intermediate care services will only be successful if delivered through an integrated approach with providers of health and social care city wide.

3. The Rational and Evidence for Change

3.1 The rational for the service change is the better organisation of services, to provide care at home in the first instance and if that is not possible care in a new community facility.

3.2 The clinical evidence to support the reconfiguration of Intermediate Care Services in Sheffield is based on the results of three months multi-agency work pre consultation work from January to March 2008 by Dr Tom Downes, Medical Advisor to the IC programme and Margaret Gibson, Programme Manager for IC⁴.

3.3 The proposed model care will be refined to take account of detail comments form the consultation.

4. The work to date

4.1 A programme structure is in place consisting of; the Chief Executives Oversight Group, a Joint Commissioning Programme Board, the appointment of a dedicated Programme Manager, Medical Advisor and management capacity within the Programme Office.

4.2 The successful completion of the assessment of effective management and control of the programme as per summary on page 1.

4.3 The Yorkshire and Humber NHS Self Assessment Service Assurance Process was completed and signed off in order to begin formal consultation.

³ Achieving Balanced Health, (October 2007) and Achieving Balanced Health (2) (October 2008) NHS Sheffield

⁴ Pathways for Intermediate Care in Sheffield Report of recommendations, Dr Tom Downes April 2008

4.4 Community First Sheffield Ltd (LIFT Co) has been instructed to search for a site in Sheffield suitable for the development of a new Intermediate Care Facility. The site requirement is approximately 3.2 to 3.7 acres. Identification of the appropriate site is proving a challenge. This is recorded as a Red risk on the programme risk register and a contingency plan is in place.

4.5 The completion of a three months consultation period 1 October to 24 December 2008

5. The Consultation Process

5.1 NHS Sheffield Intermediate Care consultation was launched to the public on 1 October for a three months period finishing on 24 December 2008

5.2 The objectives of the consultation are to ensure that all key audiences were aware of, and have the opportunity to comment on, the consultation document as approved by NHS Sheffield Board in September 2008, in particular to:

- Demonstrate the commitment to engage all stakeholders in developing the future Intermediate Care Services
- Ensure that other key stakeholders are fully supportive of the direction proposed

5.3 An equality impact assessment was conducted by NHS Sheffield during the consultation. It recognised that the consultation process was working hard to ensure an inclusive approach through selecting a number of methods of engagement and consultation, taking into account the needs of diverse groups.

5.4 The main vehicles for obtaining the views of the public and staff included:

- Public meetings held in the South East, South West, West and North of the city
- Presentations by Dr Tom Downes (Medical Advisor to the programme) and Margaret Gibson, Programme Manager at targeted events with the public and stakeholder organisations (template of the meetings held can be seen in
- Appendices 1&2)

- 9,000 leaflets, flyers and posters have been circulated through GP surgeries, pharmacies, libraries, Tenants Associations and the City Council public offices
- Staff briefing sheets to NHS Sheffield staff and partner organisations
- A mail shot of the consultation document to the Voluntary, community and faith organisations (600 organisations and reaches 1000 people)
- A mail shot of the consultation document to 200 Independent sector organisations
- Leaflets circulated to individuals receiving equipment delivered to their home who are hard to reach and seldom heard
- A website specifically for the consultation, which include NHS Sheffield papers and general information. Links were also developed to reports enabled the public and staff to access additional information on the development of the model
- A press statement circulated, Wednesday 1ST October 2008
- Attendance at the National Older People's Day event to launch our consultation

6. Summary of Public and Staff Events

6.1 The consultation aimed to involve a wide range of Sheffield people with particular emphasis of inclusion of seldom heard groups.

Table 1: Total number of people involved in face to face contact

Engagement	Number of attendees
Public	301
Staff	584
Total	885

Table 2: Total number of organisations and Boards involvement

Engagement	Number
Statutory Organisations	6
Voluntary, community and faith sector organisations	13
Independent Sector organisations	1
Board presentations	12
Total	32

6.2 The percentage of non white ethnic group members of the public involved was approximately 12% which compares well with the population estimates of 11.9% in Sheffield⁵

6.3 The percentage of non white ethnic group of medical staff involved was 25%.

7. Consultation key messages

7.1 Whilst a wide range of positive views were expressed by respondents, there is widespread support for the proposed model of care in your own bed and when that is not possible in one community facility, both from the general public and professionals. Concerns were expressed about the fragmented nature of service provision at present, but the public welcomed the move to relocate the beds in one place to provide specialist care and the opportunity of diagnostics in the community.

The consultation was a positive experience and the engagement resulted in quality discussion, questions and agreement with the principle of “care in their own bed”.

The site of the community facility provided a wealth of information and comment related to the “need to get it right for the citizens of Sheffield” with good transport links and adequate parking for both the public and staff.

7.2 The table below highlights the total number of responses for each theme. These responses were made at meetings with staff, VCF sector, public meetings, specific large events, emails and letters received.

Table 3:

Theme	Number of responses
Service Model refinements	77
Site of new community facility	14
2 hour response for assessment	12
Discharge from the IC service	11
Medical Cover, both in community and the new	10

⁵ ONS Experimental Population Estimates by ethnic Groups for 2006 – Achieving Balanced Health (2) October 2008

facility	
Decommissioning of services	9
Costs	7
Voluntary, Community and Faith sector involvement in service provision	6
Transport to new facility	5
Acute Trust	4
Other Comments	14

7.2 Key feedback themes at meetings

- The model of care should be linked to other pathways of care and not developed separately
- The care pathway should ensure improved access to services from both hospital and community
- Recognition that carers needs should be assessed and taken into account when providing “care in your own bed”
- Individuals want more control over care provided
- Equity of care for people of all ages and with; physical disabilities, learning disabilities and mental health problems
- Particular emphasis on an all age adult service (no age discrimination)
- The importance of the new model of care and the fit with social care provision, especially social re-enablement and the mental health model for the new service
- The importance of ensuring the flow of patients through the pathway to reduce delays of discharge from hospital
- The importance of the Voluntary Community and Faith Sector involvement in future provision of services

7.3 Additional comments on the new community facility

- The site of the new facility, location and accessibility by public transport
- Ensure the facility will meet the requirements of the future population growth
- Ensure the design of the facility meets the needs of a diverse population
- Transport to the new facility

- Medical cover and safety of care in the new facility
- People welcomed the concept of diagnostics such as x-rays in the community facility to reduce the number of journeys to the hospital
- The opportunity to have rehabilitation in the facility as a day patient and receive the majority of care at home
- Good nutrition was highlighted as a very important part of the recovery from illness

8. Evaluation

8.1 The members of the communications workstream and the programme manager conducted an evaluation of the process. Generally it was felt that the consultation events have been very well attended, received and appreciated by both public and the staff. The staff and public viewed the high visibility and engagement of NHS Sheffield during the period very positively.

8.2 Analysis of the results and involvement can be found in the Appendix 1, 2, and 3

9. Conclusions from consultation

9.1 NHS Sheffield and the Intermediate Care Programme Team has adopted an open and transparent process of consulting with the public and staff. The public have provided a wealth of views about the proposal to shape the re-provision of intermediate care services. This rich source of information is now feeding into the programme workstreams to ensure the views inform future developments.

9.2 Some groups and organisations have requested a return visit from the Intermediate Care Programme Team to discuss the progress made. This will be included in the communications plan for the programme.

9.3 An output from the consultation process is the formation of a public reference group to test out the on going development of the programme. This group will be part of the communications workstream.

10. Next steps

10.1 Post consultation decision making

- NHS Sheffield formal Board response

10.2 Forward planning

- NHS Sheffield board decision to proceed with implementation
- Inform NHS Yorkshire and Humber of the outcomes of the consultation and Board decision completed within 3 months
- Preparation of a response to share with key stakeholders
- Confirm decision with NHS Yorkshire and Humber and submit implementation plan
- Involve the NHS Yorkshire and Humber on a scheme by scheme basis. This will be proportionate to the scheme and reporting will be on a monthly basis by the Programme Manager through the Monthly Reconfiguration Briefing
- Draft Outline Business Case to NHS Sheffield Board 3 February 2009
- Office of Government Commerce Gateway 1 review May 2009

10.3 Proceed to implementation 2009/11

- To move towards the establishment of a prototype facility to test out the recommended bed based model of care and develop the workforce, April 2009
- Recognise the impact and implications for the health and social care organisations as a whole of major change
- Secure a site and develop detailed service brief for the new community care facility
- Continue to monitor in-year community investment

11 Recommendations

The Board are asked to:

- Note the progress to date and the forward plan for the Intermediate care programme
- Receive the consultation report
- Agree to receive an outline business case in February

Paper prepared by Margaret Gibson
Programme Manager Intermediate Care

On behalf of (Responsible Director)
Simon Kirk
Director of Strategy

Date: 24th December 2008

Appendix 1: Engaging Partners and Clinicians

Meetings with partner organisations and clinicians

Table 4: illustrate the organisations involved and the number of attendees at each meeting.

Organisation Type	Number attended
Council Leadership Meeting	3
NHS Sheffield Board	24
Chief Executive Oversight Group	8
Continuing Health Care staff	18
Chief Officers Group	6
MPs	2
Older Peoples Partnership Board	25
Sheffield Teaching Hospital Foundation Trust nursing staff	40
Forum for Long Term Neurological Conditions	12
PCT Provider Services Staff	39
Northern General Hospital medical staff	75
Sheffield Health and Social Care Foundation Trust	30
PBC Confederation	10
Local Medical Committee Executive	7
Royal Hallamshire Hospital Therapy staff	29
Sheffcare independent social care provider	18

Functional Mental Illness Directorate SHSCFT	20
Stroke Lead & Consultant	2
Neighbourhoods and Community Care Sheffield City Council	14
Northern General Hospital Older Peoples Services Unit	14
Dr Hall & Partners	6
Learning Disabilities Improving Health Group	8
Older Peoples Services Executive Group	13
Care4You staff Sheffield City Council	18
Royal Hallamshire Hospital Medical staff	25
Learning Disabilities Partnership Board	24
Sheffield Health and Social Care Scrutiny Board and Staff attending	35
Older People Mental Health Commissioning & Implementation Meeting	7
Sheffield Health & Social Care Foundation Trust Board	20
Alzheimer's Society & Sheffield SCCC Voluntary Community and Faith representatives (face to face meeting)	2
Older Peoples Partnership Network (Voluntary Community and Faith members group)	12
TOTAL	584

Table 5: Seeking public and patient views

In excess of 300 people took part in consultation events, Table 5 illustrates the number of the public that took part and in which part of the city.

Organisation	Number attended	Area of Sheffield the event took place
Partnership for Older Peoples Projects (POPPS)	100+	City Centre
Chinese Community Centre	20	Sharrow
Stocksbridge Community Forum	10	Stocksbridge
50+Elders Congress	50	City Centre
50+ Focus Group	30	City Centre

Public Meeting	14	Darnall
Public Meeting	10	Eccleshall
Public Meeting	6	Burngreave
Public Meeting	6	Upperthorpe
Tenants & Residents Association	40	Southey Green
Eccleshall and Nether Edge 50+ group	15	Eccleshall Library
TOTAL	301	

Appendix 2: Media Communications Internal and External

Table: 6

The table below shows the type of methodology used in order to engage staff, key stakeholders and the public with the formal consultation process.

Organisation	Methodology Used
NHS Sheffield	Team Brief
Neighbourhoods and Community Care	Publication insert
Sheffield Teaching Hospitals Foundation Trust	Team Brief
Sheffield Health and Social Care Foundation Trust	Team Brief
NHS Sheffield website	Clear information and ways to respond
Press release, local papers, local radio	Communications Department
PCT Provider Services	Team Brief
GP Practices, opticians, community pharmacies, Local Medical Council, Dental, Pharmacy and Optician Committee	Letter and leaflets
Langsett & Walkley Community Association	50 leaflets for distribution to members
North West Area Tenants Representatives	50 leaflets for distribution to members
Independent Sector Providers	200 leaflets for distribution
South Sheffield Homes	Leaflet emailed for distribution

VCF Sector	Leaflets distributed to 600 organisations
Sheffield Central Equipment and Loan Service (SCELS)	Leaflets circulated by SCELS staff as they delivered equipment
Sheffield City Libraries	Leaflets circulated by Sheffield City Council
Sheffield Housing	Leaflets circulated by Sheffield City Council

The total number of leaflets distributed during the consultation period, 1st October to 24th December 2008 were 9000.

Appendix 3

Feedback Analysis Summary of Findings

Transport

The issues of transport and choice of site were clearly inextricably linked. Easy access, good reliable transport links and adequate parking were raised most frequently by people who attended the public meetings, older people's events and representatives of VCF sector organisations. These issues were raised as a prerequisite to the intermediate care service redesign being successful.

Site

This issue was raised at every consultation event. Most of the comments however, queried why only one site and not two.

Links with the acute trust

Comments referred to operational issues and concentrated largely on the referral from hospital and how robust the discharge pathway can be to support this redesign.

2 hour response

This element of the proposed service redesign was universally regarded as important and in some cases viewed as being impressive and certainly welcomed. Comments made were mainly concerned how communication between community teams needs to be very thorough and that assessment duplication which occurs now leads to bottlenecks within the service and needs to be eradicated.

Medical cover

It was clear that people at the consultation meetings and events understood the importance of the Intermediate Care Programme engaging proactively with GPs. Questions raised on this theme asked whether GPs were signed up to this service in respect of care for their patient.

VCF

Responses about the potential for any VCF sector organisation as a provider was low but it was clear that the sector needs more information about Intermediate Care. Communication is a key element to engaging with the VCF sector.

Costs

Comments focused mainly on how NHS Sheffield would pay for a 120 bedded unit. Some people raised the potential. There was less understanding about the role of intermediate care community teams that provide care at a patient's home.

Discharge from a bedded unit

Many of the staff comments were concerned about what happens if a patient is likely to stay longer than the prescribed maximum length of stay.