



Consultation proposals

Improving Intermediate Care Services in Sheffield

Care in your own bed

www.sheffieldpct.nhs.uk

The consultation period:
1 October - 24 December 2008



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Foreword

Health and social care are developing to meet current and future challenges. Our services are of high quality but need to improve their capacity, be enhanced by technology and become more personalised to address the ageing population.

Intermediate care provides an interface for patients between home and hospitals that provide acute care, like the Northern General and Hallamshire Hospitals. When appropriate, it delivers care into patients' own homes and means many people can remain at home rather than having to go into hospital, cared for at home by highly skilled doctors, nurses and therapy staff. It is an enhancement of our services, not a replacement of the acute hospitals. Patients who require acute hospital care will not be suitable for intermediate care and will be admitted to the acute hospitals. For those admitted to hospital, intermediate care increases the chance of returning to independent living by providing active rehabilitation and support.

Over the past year I have been working with NHS Sheffield to review intermediate care in our city. We have visited centres around the country to understand and learn which elements are needed for a successful intermediate care service. We have met with over 300 staff, users and carers in Sheffield to understand the key areas required to improve our service. We heard that you would like to receive care in your own bed. You told us that if you are too unwell to be looked after at home you wanted to receive specialist care that would provide the best chance of returning to independent living.

We listened and have produced a plan that responds to this; a plan to improve intermediate care in Sheffield for many years to come.

Why are we consulting?

We are consulting you because this programme of change is so important. In our review of intermediate care in other cities in the UK, we have learned that intermediate care needs to be developed locally to best meet the needs of the local population. We have produced a model based on parts of successful services from around the country and with our own ideas about how intermediate care could work well in Sheffield. This needs to be refined with your views to produce a final plan.

Key points for the consultation

Our plans for intermediate care are:

- To achieve the principle of delivering care in your own bed.
- To build a new 120 bed community facility to reprovide the current beds in a single location allowing a greater emphasis on specialised care

Your feedback

We need to hear your views. Over the next twelve weeks we will be meeting a large number of people at a wide variety of meetings. Everybody's views are important and will be given full consideration as part of this consultation process. Details of how to contact NHS Sheffield are listed at the end of this document. We look forward to hearing from you.

Dr Tom Downes
Consultant Physician, Sheffield
30th September 2008

Distribution

This document is being distributed to a range of people and organisations in Sheffield as the proposed services changes primarily affect the Sheffield population.

Copies of this document will be distributed to the following organisations:

- Specific community, voluntary, religious and faith groups
- Providers – such as primary care contractors, other NHS Trusts, independent sector contractors, which includes GPs etc
- Partners – such as the Sheffield City Council, Sheffield Teaching Hospitals Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, the voluntary sector etc
- The Strategic Health Authority
- Local MPs

The document can be found on the NHS Sheffield website www.sheffieldpct.nhs.uk or by contacting: peter.conlan@sheffieldpct.nhs.uk

10,000 leaflets will also be circulated to the public via individual GP's, GP surgeries, libraries, pharmacists and the City Council public offices. These summarise this consultation.

In addition you can ask questions or email your views:

Peter Conlan peter.conlan@sheffieldpct.nhs.uk 0114 305 1124

Kath Horner kath.horner@sheffieldpct.nhs.uk 0114 305 1049

Large print versions, other languages and formats are available on request from:

The Patient Experience and Engagement Team NHS Sheffield, 722 Prince of Wales Road, Sheffield S9 5EU

Section One: About the consultation

The purpose of this consultation is to gather the views of as many local people, staff and organisations as possible on the proposed changes to intermediate care health services provided by NHS Sheffield for the people of Sheffield.

1.1 Consultation Process

The process involves communicating with stakeholders including:

- Service users and carers
- Members of the public
- Staff
- Sheffield Health and Social Care Scrutiny Panel
- Key local organisations and groups
- The Voluntary, Community and Faith Sector

This consultation is being managed by NHS Sheffield in partnership with the Sheffield City Council.

The proposed changes outlined in this document cover health services for all adults (over the age of 18 years) The consultation process runs from 1st October to 24th December 2008. It is an opportunity for local people, staff and organisations to comment on the proposals. We aim to consult as widely as possible to explore the proposals in detail.

We have learned that intermediate care needs to be developed locally to best meet the needs of the local population. We have produced a model based on parts of successful services from around the country but this needs to be refined with your views to produce a final plan.

Your feedback

We need to hear your views on the principle of care close to home as described in our model. For most patients this will mean being able to receive intermediate care in their own home. If this is not possible, care in the proposed new community facility.

We are committed to giving the people of Sheffield high quality intermediate care services which meet the needs of individuals, and support them to enjoy life and get the best possible results for themselves, and support for their carers, friends and family. Aiming for services that provide for the needs and wishes of individuals is the guiding principle behind this consultation.

We believe that the intermediate care services in Sheffield need to change. We want services that support people to achieve their aims and are of the highest quality. Users and carers locally have been telling us that if they had a choice they would prefer to be treated and cared for in the home rather than hospital.

We aim to develop community services that treat and support people and their families and carers within their own home, or as close to their home as possible, giving real alternatives to inpatient services. This will involve health and social care staff delivering patient centred care.

Over the next twelve weeks we will be meeting a large number of people at a wide variety of meetings. Everybody's views are important and will be given full consideration as part of this consultation process. Details of how to contact NHS Sheffield are listed at the end of this document. We look forward to hearing from you.

We are consulting you because this programme of change is so important. In our review of intermediate care in other cities in the UK, we have learned that intermediate care needs to be developed locally to best meet the needs of the local population. We have produced a model based on parts of successful services from around the country and with our own ideas about how intermediate care could work well in Sheffield. This needs to be refined with your views to produce a final plan.

Key points for the consultation

Our plans for intermediate care are:

- To refine the model of intermediate care that has a principle of delivering care in your own bed. This means increasing the care that can be provided at home. And if a patient is too unwell and needs to go to hospital, when they are well enough the intermediate care service will provide specialist care to give the patient the best chance of recovering to independent living.
- The building of a new community facility to reprovide the beds that are currently fragmented into small groups. This will allow intermediate care to become more specialised in Sheffield.

Section Two Background to our proposals

2.1 National Policy

In 2001, the Department of Health published a document called the National Service Framework for Older People. This described the way health services should be provided for Older People. One of the chapters focussed on Intermediate Care

These are the principles on which Intermediate Care is based:

- It is a service between people's own homes and the hospital.
- Its aim is to ensure that when older people become unwell, they have the best chance of continuing to live independently in their own homes
- This is achieved by early diagnosis and treatment, rehabilitation and recuperation; delivered by a team including therapists, nurses, support workers and doctors
- The service promotes timely recovery from illness by ensuring that the correct treatment is provided at the correct time
- It is a service that supports timely discharge from hospital to avoid the problems of unnecessary waiting and delay. The longer someone is away from their own home, the more challenging it is to get back home
- By providing enhanced services of diagnosis, treatment and care we can decrease the need for admission to hospital while increasing the chance of maintaining independent living

Locally our aim is to develop services that are more tailored to the needs and circumstances of individuals in Sheffield, based on clinical evidence. Effective community services can help people remain in their own home as well as avoid the need for hospital admission.

2.2 Intermediate Care in Sheffield

Dr Tom Downes, a consultant physician from the Royal Hallamshire Hospital has been working with NHS Sheffield, the primary care trust, over the past year, looking at intermediate care in the city and in other cities around the country.

To understand what was happening in our current services, we listened to key groups; users, carers, staff, the voluntary, community and faith sector. We checked out with these groups of people ideas that we observed working elsewhere to understand which of the ideas would best fit Sheffield.

Overall from the other cities visited we observed that there was not a “one size fits all” model. Intermediate Care needs to be developed to fit local needs. What we did see was which ingredients worked. By taking the best bits of service from these cities we have the potential to make Sheffield’s service even better.

A report has been produced that brought all of this information together. The full report and executive summary can be found on the NHS Sheffield website www.sheffieldpct.nhs.uk

From all of this work we are recommending:

- A model of intermediate care that has a principle of delivering care in your own bed. This means increasing the care that can be provided at home. And if a patient is too unwell and needs to go to hospital, when they are well enough the intermediate care service will provide specialist care to give the patient the best chance of recovering to independent living.
- The building of a new community facility to reprovide the beds that are currently fragmented into small groups. This will allow intermediate care to become more specialised in Sheffield.

2.3 Sheffield Population

Sheffield is the fifth largest UK city and Sheffield PCT commissions healthcare for a population of 550,000. Last year, 2007, was a landmark regarding older people in Sheffield - the number of people aged over 65 years increased for the first time in over 15 years (ONS 2001). From 1990 to 2005 the absolute number of older people in Sheffield decreased by a total of over 10%. This trend has now reversed and the number of people aged over 65 years of age is predicted to increase every year until at least 2040.

2.4 Over 65 year age group:

Over the next 20 years there is a predicted growth of this age group by over 25%. With this predicted increase in population, demand for service is likely to continue to increase unless other change occurs such as effective preventative care and effective management of long term conditions.

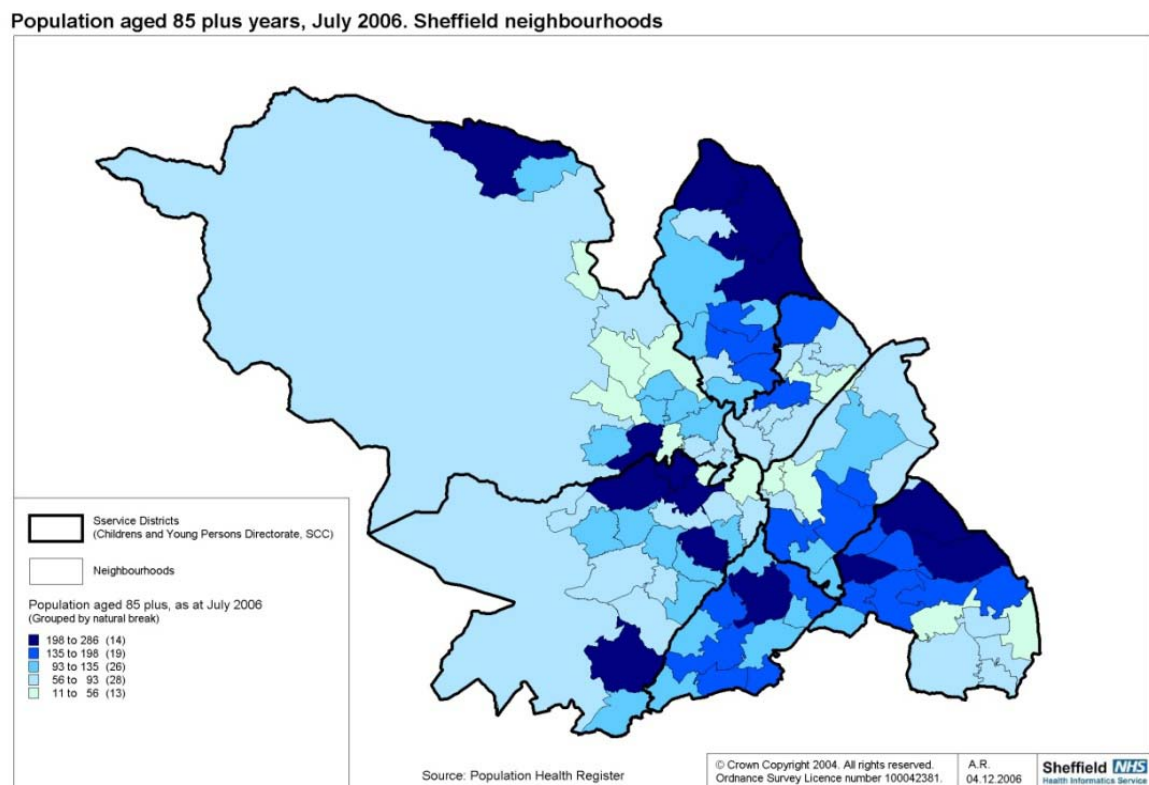
2.5 Over 85 year age group:

This age group has a very high demand for both health and social care. Currently there are approximately 11,600 people aged over 85 in Sheffield.

This is predicted to increase by over 40% in the next 20 years to 16,300. The demand for health and social care is therefore expected to rise rapidly over the next few years. Services will need to be able to respond to these changes which for organisations as large as the NHS and Local Authorities (LA) are relatively short timescales.

2.6 Geographical Distribution

The distribution for age groups aged over 85 years is shown below.



Our commitment is to develop high quality intermediate care services in Sheffield to ensure capacity meets demand. As set out in NHS Next Stage Review Final Report “High Quality Care For All”¹, and Pathways for Intermediate care in Sheffield, Report of recommendations².

¹ NHS Next Stage Review Final Report “High Quality Care For All” June 2008

² Pathways for Intermediate care in Sheffield, Report of recommendations, Dr Tom Downes, 2008

We aim to give people greater control of their health and wellbeing, offering more choice of care available in the community and ensuring health and social care givers work together effectively.

Section Three: The Proposals for change

3.1 Why is change needed?

The current intermediate care service in Sheffield is not providing the city with the outcomes that were required.

The model of care recommended within this document will ensure that all service users have equitable access to the appropriate intermediate care services on the basis of individual need.

Community services

The extended community services will provide personalised care within the home environment which will fully respect people's dignity and choices.

The increase in the level of the community services deliver a service model that will respond to the needs of both service users and carers across Sheffield.

The community facility

The community facility will provide specialist care in one place that will give the patient the best chance of recovering to independent living. This model of care is supported by clinical evidence and best practice.

3.2 What options have been considered?

Involving patients, carers, staff and the public

From work undertaken both in Sheffield and observation of services in other cities the four potential options were presented to over 300 staff, users, carers

and the voluntary, community and faith sectors at approximately 9 groups to consider. The groups had complete control over whether options were rejected or further options added by the group discussions. The groups were informed that they could assume that the delivery of Intermediate care to patients' own home had increased to support all 4 options.

The four potential options considered for intermediate care were:

- Option 1: No change to the current bed stock but change of systems, process and protocols of Intermediate Care.
- Option 2: Decommission all current community intermediate care beds and redistribute resource to deliver care either at home or hospital with no intermediate care beds in the community beds.
- Option 3: Decommission all current community intermediate care beds and build two new Community facilities. Each facility would have half the intermediate care beds and groups could have freedom to define the structure of the facilities for themselves.
- Option 4: Decommission all current community intermediate care beds and build a single Community facility. Again, the groups were told that they had freedom to define the structure of the facility for themselves.

After the four options were presented, the groups were asked to reject or add options at their discretion.

The groups then defined their own set of criteria with which to score the options. An options matrix was drawn and the groups weighted their options as they felt appropriate and scored each option against their criteria. The total scores for each option were then calculated and options were given a preference ranking.

3.3 This is what you have told us:

The groups presented a clear message that there was a need for change and felt that the fragmentation of the current beds was a critical factor in why the service was not providing the city with the outcomes that were required.

The staff said having considered all the options “there was a clear case for clinical change to deliver the best care for the people of Sheffield”.

Users and carers told us that they wanted us to:

- Provide care closer to home
- Ensure services can be delivered in the right place at the right time
- Ensure the service is value for money

On the basis of nine option appraisal sessions (described above), option 4 was the preferred option.

To decommission the current beds, and re-provide those beds in a new single community facility supported by an increased level of community services.

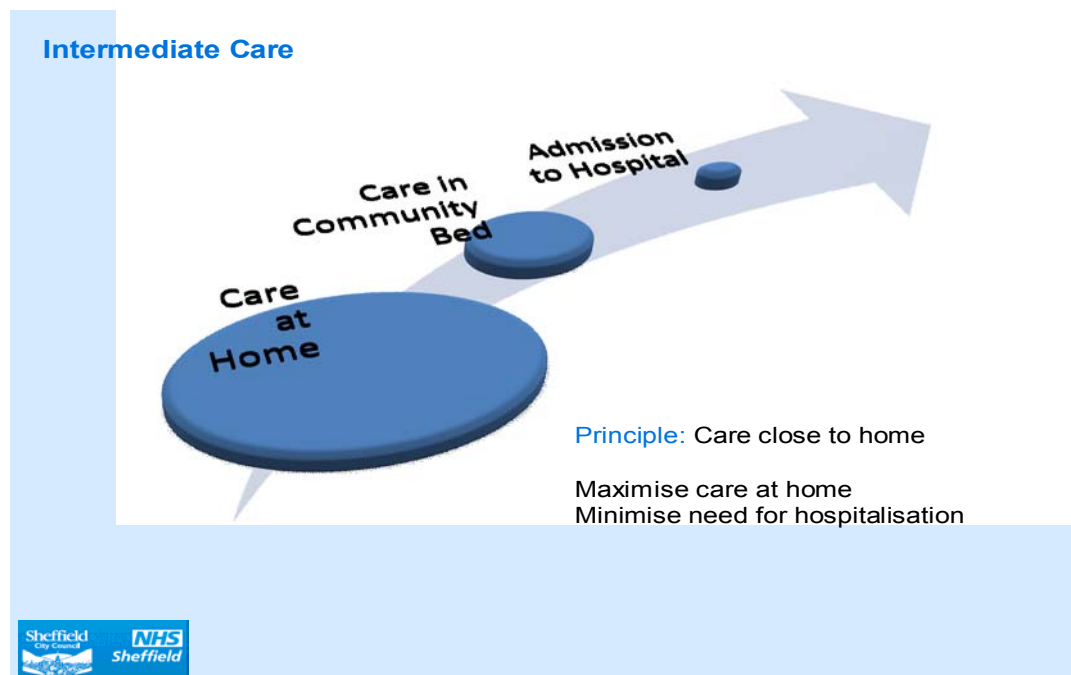
Option 4 is a high level description of the service that takes account of the patient experience, as described by the user group and the clinical evidenced based practice. As part of the consultation process the public are being asked to send their comments to NHS Sheffield to further shape the new service and ensure that we get it right for the people of Sheffield.

3.4 How will we provide this service?

This section outlines how we propose to develop services that provide the highest quality of care

- A model of intermediate care that has a principle of delivering care in your own bed. This means increasing the care that can be provided at home. And if a patient is too unwell and needs to go to hospital, when they are well enough the intermediate care service will provide specialised care to give the patient the best chance of recovering to independent living.
- The building of a new community facility to re-provide the beds that are currently fragmented into small groups. This will allow intermediate care to become more specialised in Sheffield.

The diagram below illustrates the model of delivering care closer to home.



3.5 What will not change?

Care in the community

Care will continue to be provided by teams of GPs, nurses, therapists and health care support staff in patients' own homes.

NHS Sheffield is fully committed to delivering more care in the community and has made major investment of £5.6 million additional money in community services.

This provides more care in the community as the staff and the public have asked us to do.

3.6 Key benefits for patients?

For most patients this will mean being able to receive intermediate care in their own home.

The service will provide for patients:

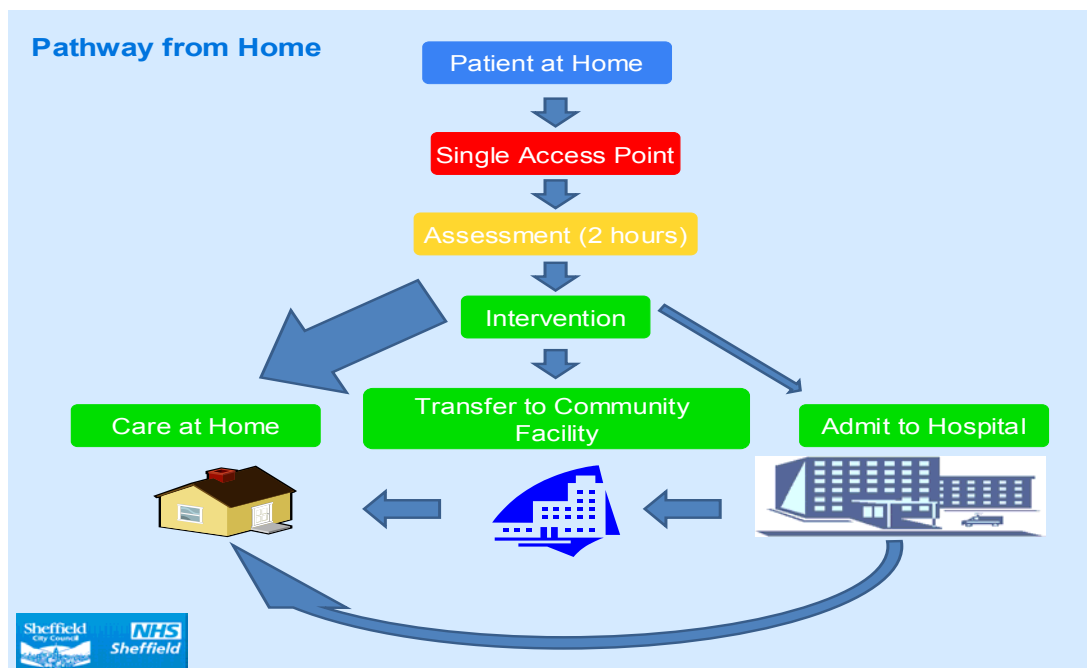
- More care in the community, this will ensure that patients will only be admitted to hospital if it is necessary. This care will be supported by a team of nurses, therapists, and support workers
- Improved access to community intermediate care services by providing a single point of access for professionals to access services and for the patient to have their care needs assessed within two hours in their own home
- Short term specialist rehabilitation both at home and in a community facility, including nursing and therapy, to enable patients to recover from an acute illness and for them to maintain independence, returning home as soon as possible
- Improved communication between GPs, hospital and community staff to improve your experience of care
- Expand the amount of care we deliver in the community to reduce the time patients have to spend in hospital
- In the majority of cases this will be provided in the patient's own home.
- If there is the need for a higher level of care then some patients will require admitting to the new community facility.
- Once the patient has recovered such that they can return home then the community team will take over in the patient's own home.
- When the acute hospital specialist care is complete this service will allow the patient to be discharged in a timely manner whether, to the new community facility or straight home with the support of the community team.

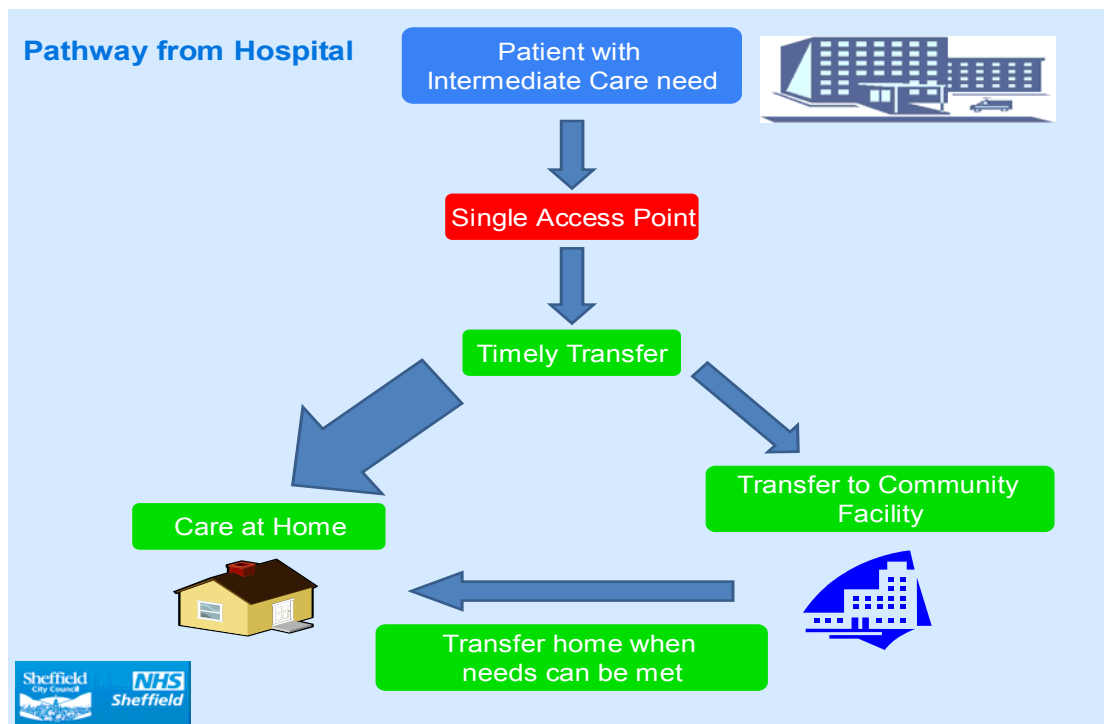
- This service will not deny anybody access to the acute hospitals when that is what is needed. We fully acknowledge that there will always be a place for the acute hospital

For patients admitted to hospital

- The same single access point will be used to access the new intermediate care service.
- The assessments will have already been completed in hospital so we will know where the patient needs to be cared for.
- The majority of patients will be able to receive their rehabilitation at home and some will transfer to the new community facility until their needs can be met at home by the community team

The diagrams on this page outline the pathway of the proposed new intermediate care service from home and from hospital





3.7 Key points for the consultation

Does the model proposed in this document take account of your views so far?

The staff said “there was a clear case for clinical change to deliver the best care for the people of Sheffield”.

Users and carers told us that they wanted us to:

- Provide care closer to home
- Ensure services can be delivered in the right place at the right time
- Ensure the service is value for money

To provide:

- To refine the model of intermediate care that has a principle of delivering care in your own bed. This means increasing the care that can be provided at home. And if a patient is too unwell and needs to go to hospital, when they are well enough the intermediate care service will provide specialist care to give the patient the best chance of recovering to independent living..
- The building of a new community facility to reprovide the beds that are currently fragmented into small groups. This will allow intermediate care to become more specialised in Sheffield.

Section Four: How to give your views

4.1 Your views on the new service are very important to us

We value any comments on how we propose to deliver these services. Further information and the opportunity to put forward your views can be made at public meetings which will be held around the city and on the NHS Sheffield website.

Your views are important. They will help ensure that any decisions we make as a result of this consultation are informed by the widest possible range of views. We have listened to what you have told us and we are asking do they proposals in this document take account of your views?

4.2 How can views be heard?

Between October 2008 and December 2008, a number of events have been planned for community groups, staff from all organisations across the city and a wide range of people at public events and are outlined in the **Intermediate Care Consultation plan**. Copies of this document can be requested from **Kath Horner**
kath.horner@sheffieldpct.nhs.uk 0114 305 1049

This is an iterative process and as we meet the public, staff groups and organisations this list will expand to ensure we reach as many people as possible and they have the opportunity to comment on the proposals.

10,000 leaflets will be circulated to individual GPs, GP surgeries, libraries, pharmacists and the City Council public offices.

Posters and banners will be on display at public events.

The NHS Sheffield website will enable people to access information and updates about the programme and post their comments.

Key events **Staff events**

7 th October	Matrons , discharge Liaison and the sisters Timeout	Presentation	St Mary's Brammall Lane
9 th October 2008	PCT Provider services	Presentation & table top discussions	Jordanthorpe
16 th October 2008	PCT Provider services	Presentation & table top discussions	Shirecliffe Community Centre
Date TBC	Local Authority Staff	Presentation & table top discussions	TBC

17 October 2008	STH Therapy Staff 127 Samuel Fox House	Presentation & table top discussions	12 noon
27 October 2008	STH Therapy Staff RHH Medical School Faculty Room	Presentation & table top discussions	12 noon
Date TBC	Sheffield Health & Social Foundation Trust	Presentation & table top discussions	

Public meetings (Have your say)

30 th October 2008	NHS Sheffield, The Boardroom 722 Prince of Wales Road S9 4EU	Presentation	11-1pm
12 November 2008	Salvation Army Citadel, Psalter Lane S11 8YP	Presentation	6.30 pm - 8.30 pm
27 November 2008	Sorby Suite, Sorby House, Spital Hill S4 7LG	Presentation	1.00 pm - 3.00 pm
9 December 2008	The Training Room Zest, Healthy Living Centre, Uppertorpe S6 3NA	Presentation	12.30 pm - 2.30 pm

A press statement is scheduled for Wednesday 1ST October 2008, the National Older People's Day and our consultation launch day

In addition you can ask questions or email your views:

Peter Conlan peter.conlan@sheffieldpct.nhs.uk 0114 305 1124

Kath Horner kath.horner@sheffieldpct.nhs.uk 0114 305 1049

Additional copies of this document are available from www.sheffieldpct.nhs.uk or by contacting: peter.conlan@sheffieldpct.nhs.uk

Large print versions, other languages and formats are available on request from:

The Patient Experience and Engagement Team NHS Sheffield 722 Prince of Wales Road Sheffield S9 5EU

4.3 Publishing the results from this consultation

A report will be produced that will include all of the comments made by patients, the public, and staff during the consultation. These comments will be collated and where possible be themed into areas of priority.

The outcome report of the consultation process will be discussed at the Intermediate Care Joint Commissioning Programme Board (ICJCB) in January 2009 and taken to the NHS Sheffield Board, January 2009. The board will make their decision based on the outcomes of the consultation, take account of the inequalities within the city and the key messages from the consultation with the citizens of Sheffield during the Achieving Balanced Health Consultation 2006.

**The results of the consultation will be made available on the NHS
Sheffield website www.sheffield.nhs.uk**