

About this consultation

Help plan the future of local health services in North Staffordshire Part 1

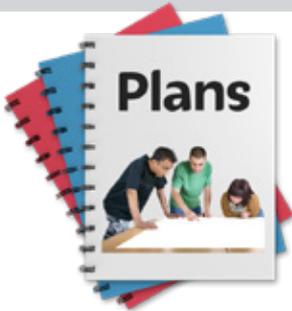


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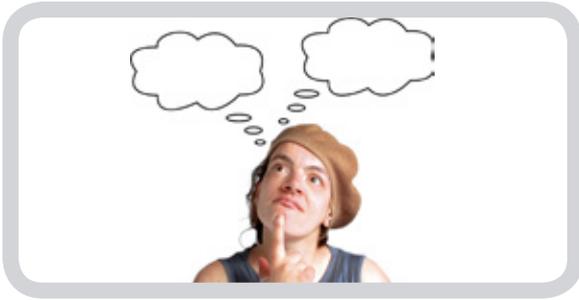
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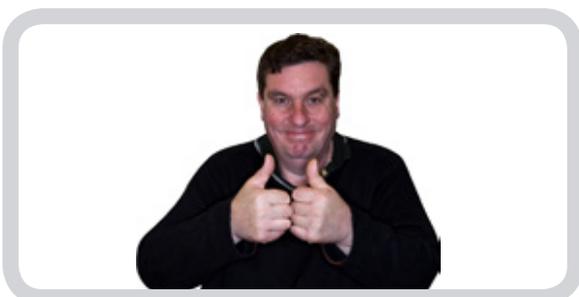
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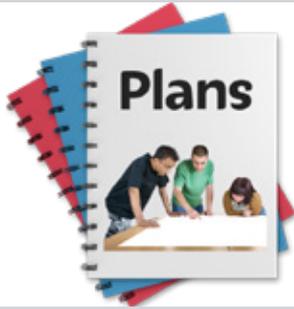
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Introduction



This information was written by the Clinical Commissioning Groups (CCGs) for North Staffordshire and Stoke-on-Trent and by the NHS.



CCGs plan and commission (pay for) hospital and community health services to get the best health and social care services for everyone.



This clear information explains the plans and ideas to try to deal with these challenges.



There are lots of community services in North Staffordshire, they include:

- memory clinics
- falls prevention services
- physiotherapy services

These services often help people in their own homes.

Introduction



There are also 5 community hospitals in North Staffordshire.



These are:

- Haywood Community Hospital
- Leek Moorlands Community Hospital
- Longton Cottage Hospital
- Cheadle Community Hospital
- Bradwell Community Hospital.



This consultation will look at how we can change how health services work for people in Stoke-on-Trent and Staffordshire.

We also want to know what you think about our ideas for:

- Community hospital beds for rehabilitation (getting better after an accident or illness)
- moving consultant-led services for skin conditions and minor surgery (for things like lumps).

Introduction



At the moment people get a bed in community hospitals for rehabilitation (getting better after an accident or illness).



We (the CCGs) want to help people manage this in better ways, stopping people from staying in hospital when they don't need to.



We want to do this by providing services in the home and local community.



There are also consultant-led (a senior doctor with a lot of experience) clinics.



These are at Leek Moorlands Community Hospital and at the Royal Stoke University Hospital.

Introduction



We want these clinics to work better for people and to make sure the consultants spend more time with people.



This consultation is about how we can make services in Stoke-on-Trent, Newcastle-under-Lyme and North Staffordshire better for everyone.

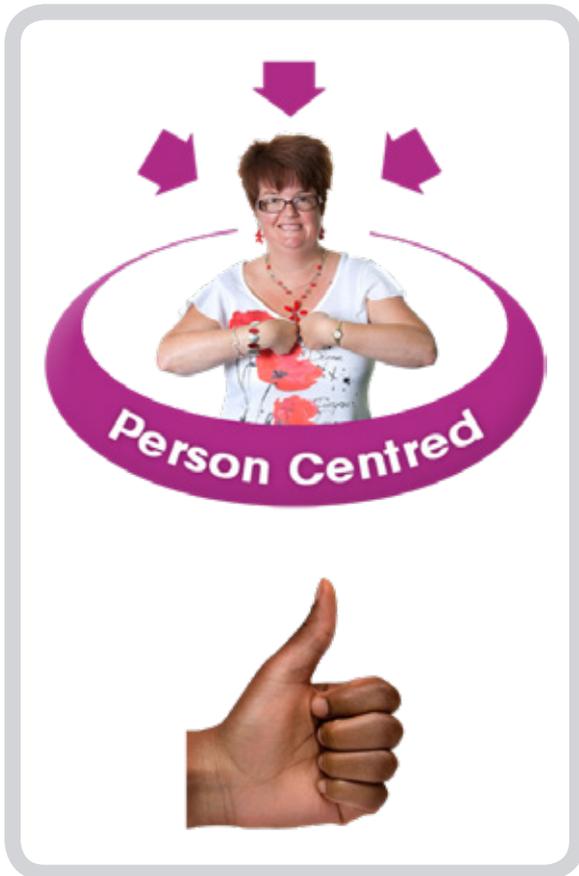


Lots of organisations are working together, they are local authorities (councils) voluntary organisations (charities) and other health professionals.



This partnership will be called **Together We're Better.**

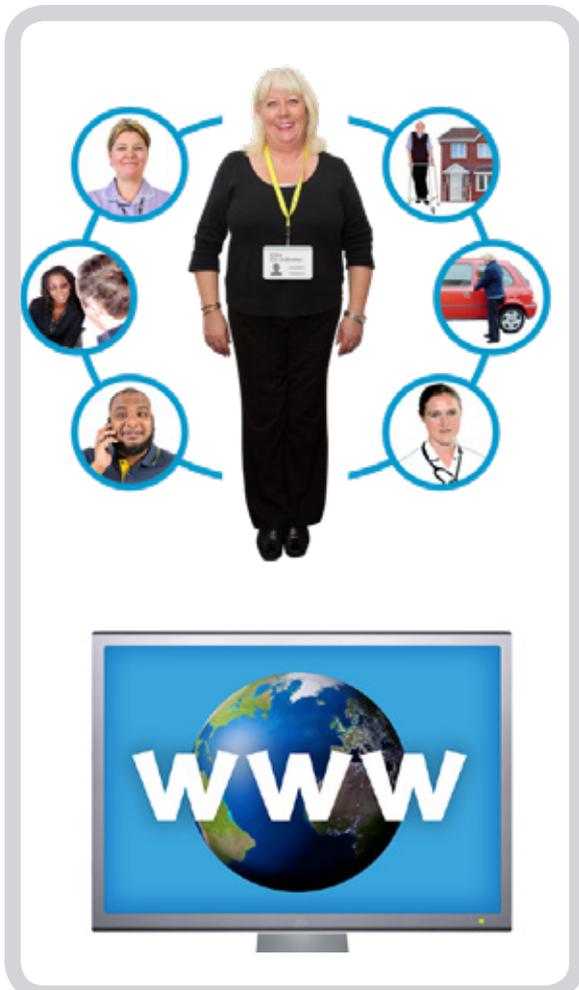
The Proposals (ideas and plans)



The most important areas

Join together services through **Intergrated Care Hubs** (health teams working together to put a person's care needs first).

We think this would work better for people who have long term health issues (like asthma or diabetes).



Using **community hospitals** and **care homes** in the best way.

Helping people to get the right care when they need it.

We know people are more likely to get better faster if they are sent home quickly.

Most people would prefer to be supported with their health at home and not in a hospital.

Visit our website for more information
www.healthservicesnorthstaffs.nhs.uk

Who Will We Ask?



This consultation about local health services is based on information about local people and their health groups.

It is about finding out what people think about our plans and ideas.

We will also look at the information about differences in health needs in each area, to make services more accessible for everyone.

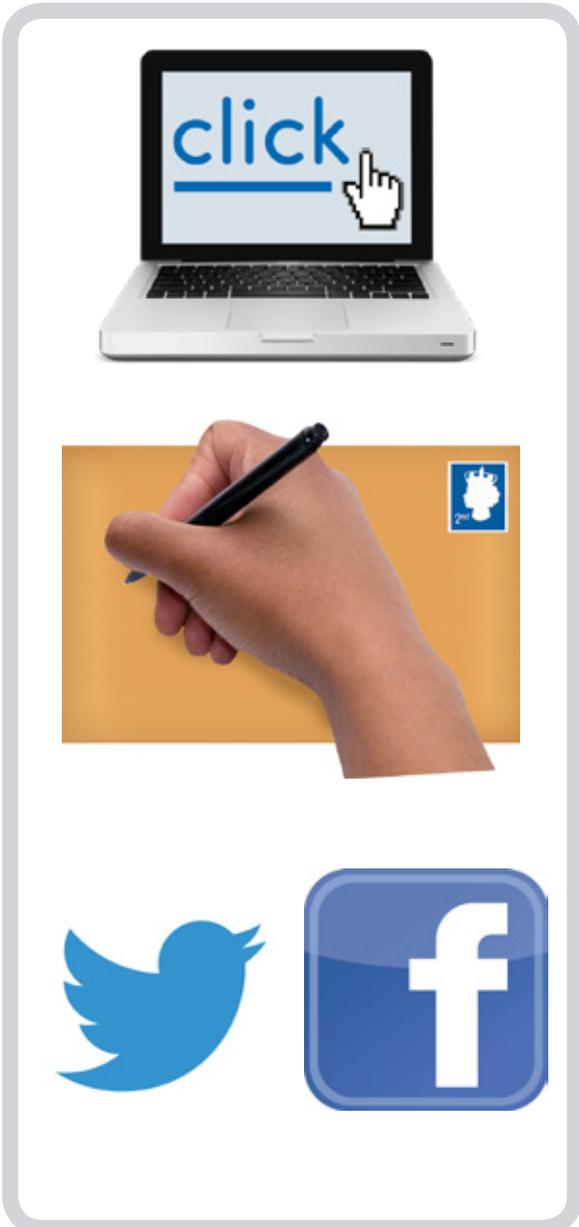
We will work to make services fair for everyone and make sure reasonable adjustments (changes) are used to help support people's needs.

We will support health professionals to take part in the consultation as well as asking organisations like Healthwatch Staffordshire to have their say.

How You Can Have Your Say



If you live in North Staffordshire it's important to speak up about the ideas in this consultation as the changes may affect you and your family.



There are different ways you can have your say about this consultation, they are:

Fill in the online survey - you can find this on the website www.healthservicesnorthstaffs.nhs.uk

You can fill in the questionnaire with this information, send to:

Freepost Plus RTAA-XTHA-LGGC
Communications
Heron House
120 Grove Road
Stoke-on-Trent
ST4 4LX

There is no need to use a stamp.

We will look for your feedback on social media as well:

Tweet us on **@StaffsCCGs**

Follow us on Facebook **@StaffsCCGs**

How You Can Have Your Say



If you would like printed copies of the information, need the information in other languages or formats or need help to share your thoughts, please call us on: **01782 298002**.



The deadline (last day) of this consultation is Sunday 17th March 2019.

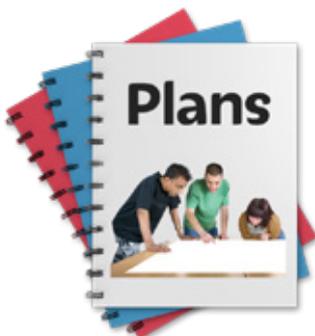
The information you share will be collected and turned into a report.

The report will be looked at by the Joint Health Overview and Scrutiny Committee, Healthwatch and North Staffordshire and Stoke-on-Trent CCGs before a decision is made.

Everyone will meet to make decisions for each area, the meeting will be in public, we will share the information.

We will let everyone know what we decide and keep people up to date on how the changes are going.

Our plans will be checked by NHS England and the Consultation Institute (a charity that offers advice on consultations).

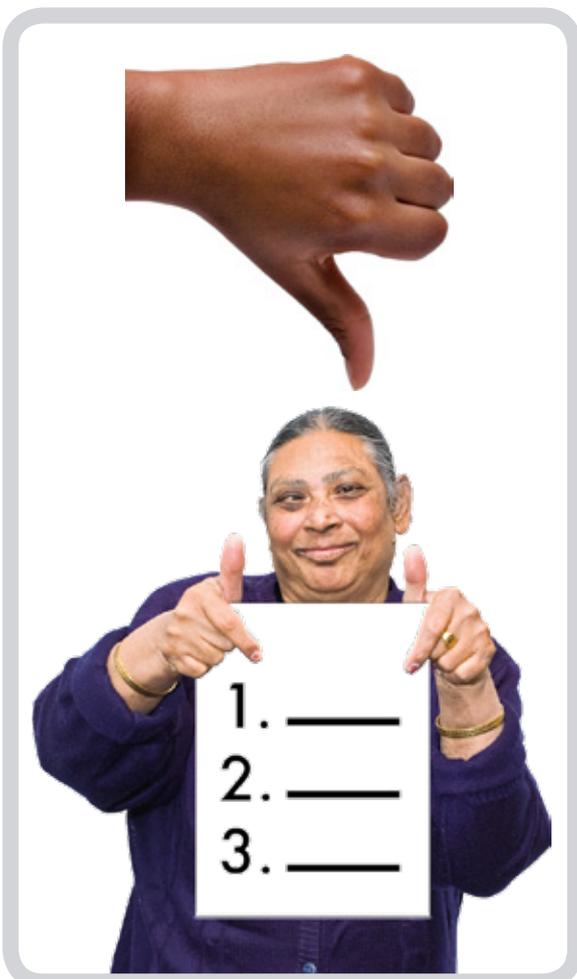


Health and Wellbeing



Some of the important things we need to think about are:

- Buildings
- Health and wellbeing
- Care and quality
- Finance (money)
- Workforce (staff)
- Poverty and deprivation (less money often means more health problems)



Health in North Staffordshire is generally worse than in the rest of the UK with health issues like:

- mental health problems like depression
- diabetes
- high blood pressure
- obesity (being overweight)
- cigarette and alcohol issues
- more older people who need help with long-term health problems.

Care and Quality



Health services in North Staffordshire are generally safe and well-managed, but mostly treat people in hospital.



North Staffordshire has more community hospital beds than in other parts of England.



People are being kept in hospital or sent from a general hospital bed into a community hospital bed for assessment or to wait for the service they need.



We have already started to make changes.



When people are fit to leave hospital, we move them to a place to receive ongoing care. We call this **Home First**.

Care and Quality



We also have consultant-led outpatients clinics at Leek Moorlands Community Hospital and the Royal Stoke University Hospital.



Patients are waiting too long for appointments than they should be.

Clinics do not always have access to the specialist equipment they need at the right time.



We want to change this, so our consultant-led outpatients clinics work better for everyone.

Workforce (Staff)

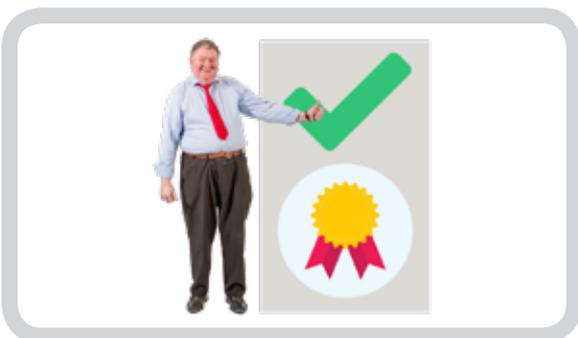


It has been hard to hire and keep enough NHS workers to staff community hospitals in North Staffordshire.



There are other problems and worries for the NHS in our area that are a problem across England, some of these are:

- Staff getting older
- the changing relationship with the European Union (EU)
- less people applying for nurse training
- Recruiting difficulties (getting staff).



Staffing issues risk the quality and safety of care and mean we need to use temporary staff.

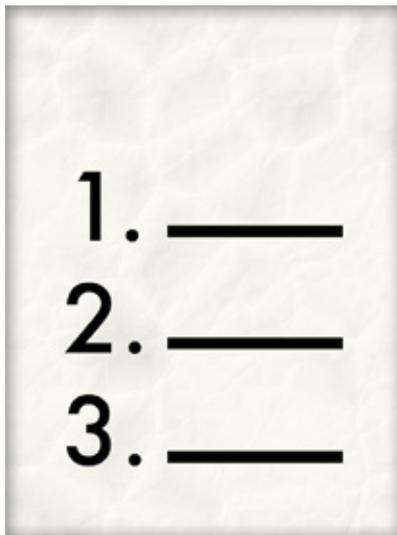


This costs us more and can affect the quality of care patients get.

Finance (Money) and Buildings



Health and care services in North Staffordshire are spending more money than they get from the government. We must start to spend our money better.



Our spending problems are caused by:

- the amount of people going into hospitals
- doubling up of services (using similar or the same services for a person at the same time)
- inflation (cost of living)
- spending more because of people getting older.



We want our community health services to run from buildings that are safe, easy to get to, work well for people and don't cost too much to keep in good condition.

Leek Moorlands Community Hospital and Longton Cottage Hospital both have old and outdated buildings.



The only modern community hospital is Haywood Community Hospital. Most of this hospital was built between 1995 and 2004.

Understanding What People Need



When we started looking at changing how local health services are run, we spoke to more than 500 people. These people included:

- members of the public
- patients
- carers
- the voluntary sector and people from different communities
- medical staff
- local and national politicians.



We looked at a lot of information about the services we have now and how much they are being used.



We spoke to people so we could:

- share good, useful information so people understood enough to get involved in shaping future services
- gather information and listen to people's ideas
- help us to know what to look at and what people want
- use the feedback to develop the ideas for this consultation

What People Told Us



The big things people told us were:

- patients benefit from being at home and prefer to be at home
- overall, there was support for our ideas.

People also wanted us to promise that:

- there would be enough services and staff to support people in the community
- there would still be community hospitals
- there will be support for the patient's partner, family and carers
- patients will have follow-up contact in the community
- the new plans would happen in a careful way that worked for everyone
- there is investment (money) to support the changes needed to make this happen.

What People Told Us



People said we **must** 'make sure we treat mental and physical health conditions equally' (with the same level of importance).



After listening to feedback it was clear that memory clinics and dementia services would be needed in every area to meet people's needs.



People talked about '**Integrated Care Hubs**' being a good idea.



We have no plans to change the name of the community hospitals.



People said it is important to make sure that buying of services from the voluntary sector (organisations like charities who don't make money) are included in the ideas.

What People Told Us



People also said signposting (giving people information) to services such as housing support should be available from the Integrated Care Hubs.



People wanted to see social prescribing (non medical support to help people get well) in the hubs. This will be part of the job of the **Community Wellbeing Team**.



We will work with partners to help them think about running services like sexual health and stop-smoking clinics in the care hubs.

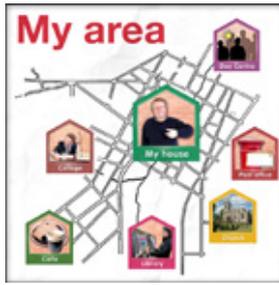


Nurses told us about the care and support needs of patients.



Doctors and other health professionals shared their thoughts and ideas about how Integrated Care Hubs could work in their area.

What the Future Might Look Like



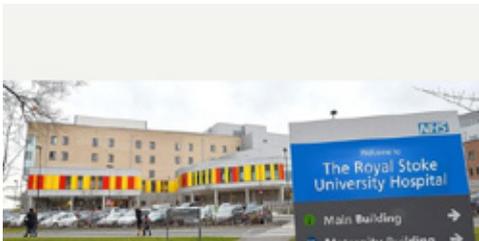
We talked to people about the best ways for outpatients clinics to work.

People said they would like services closer to home but would travel for the right treatment.



GPs, nursing staff, practice managers and other health professionals had a lot to say:

- GPs generally support the ideas that people should be treated at home instead of hospital if it is safe for them
- GPs worried about how fewer community beds could mean more people needing treatment at the Royal Stoke University Hospital
- GPs said community care services need to be reactive (better at acting fast based on people's needs)
- GPs said the management of these services needs to be clear and not affect other services and support.



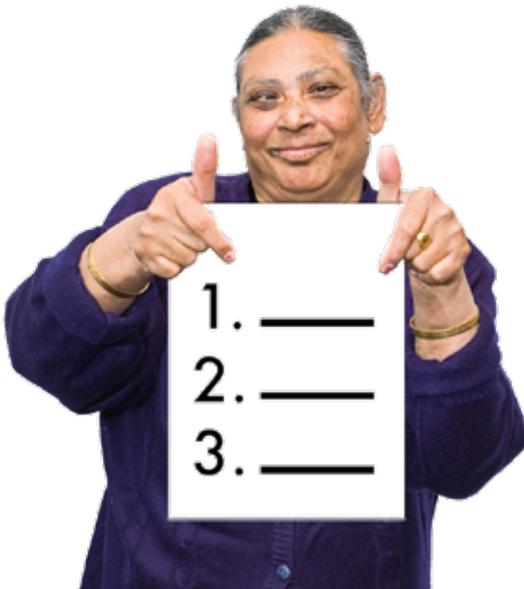
The main worry for GPs was making sure our ideas would work well for patients and help improve people's health.

What the Future Might Look Like

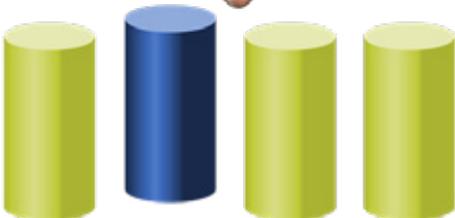


We know the NHS in North Staffordshire faces some big challenges, but we think there are some exciting opportunities.

We plan to invest in services and create something special for local people.



1. _____
2. _____
3. _____



Our Aims

We want to create a new way of offering community-based care that:

- helps people recover quickly when they are ill, so they can be independent again as soon and as safely as possible
- shortens how long people spend in a major hospital
- helps people live with and manage their health conditions better
- gives people the choice of dying at home if that is what they want.

What the Future Might Look Like



This idea is based on **10 beliefs** that came from meeting with local people, as well as our knowledge of the best health services nationally and internationally.



The 10 Beliefs are:

1. Home is the best setting for care whenever possible.
2. Care should be patient-centred.
3. Patients should feel confident and supported to manage their own illnesses.
4. Health and social care services should work together to improve people's outcomes.
5. Care should be planned well, but be able to change when needed.
6. Care should be delivered by medical professionals who have different skills and knowledge working together.



What the Future Might Look Like



7. The ideas should use 'trusted assessors' to make decisions about the care people need, (a 'trusted assessor is a professional who is specially trained to look at people's needs).

8. Strong professional leadership.

9. Staff should feel empowered (make someone stronger and more confident, especially in controlling their life and their rights).

10. People should only go into hospital when they really need to.

For more information about these beliefs you can visit our website:

www.healthservicesnorthstaffs.nhs.uk

Integrated Care Teams: Putting Patients at the Centre



Across North Staffordshire, people who are old and frail or have more than 1 long-term health condition are supported by nurses and social care workers.



This is an example of integrated care, where a patient's needs are put at the centre of everything that is done for them.



Professionals with different skills can work together to find the best options for the patient.



We want more people to get this type of joined up care whenever they need medical advice or support in the community.



Patients should get teams of health and social care professionals with lots of skills working together to help people stay healthy.

Integrated Care Teams: Putting Patients at the Centre



In Integrated Care teams GPs would work with teams of nursing and adult social care workers, members of the voluntary sector (charities), and community mental health professionals.



Together, they will put people's care and support needs first.



By working like this, they can see any changes in a patient's health and giving them the care they need quickly before problems get worse.



People will know about the services they need and get help to access them.



Health and care professionals will be able to talk about a patient's changing needs and work together to treat them.

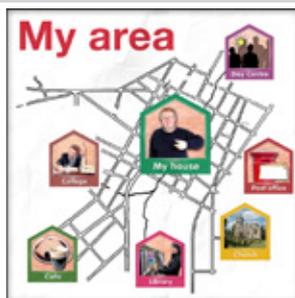
Integrated Care Hubs



We don't think patients should have to travel to a large hospital to get specialist health and social care.



Hospital is not the best place to be because over time, patients can become weaker, more ill and less independent.



We would create 4 Integrated Care Hubs (bases) where people can get specialist health and social care close to home.

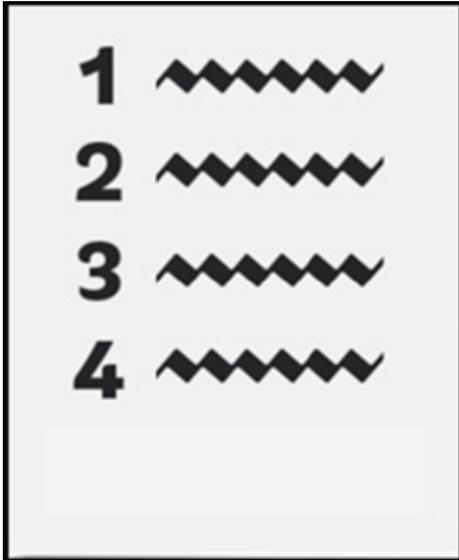


By creating these new bases, we can better meet local patients' needs.



This would make sure patients get the care they need without going into hospital.

Integrated Care Hubs



The hubs would be located in four areas:

- Newcastle-under-Lyme
- North of Stoke-on-Trent
- South of Stoke-on-Trent
- Staffordshire Moorlands



Integrated Care Teams would be based at these hubs and would work closely with local GPs.



The **Intergrated Care Hubs** would have the services on the next page and offer extra services based on local health needs.

Integrated Care Hubs



Other teams based there could include

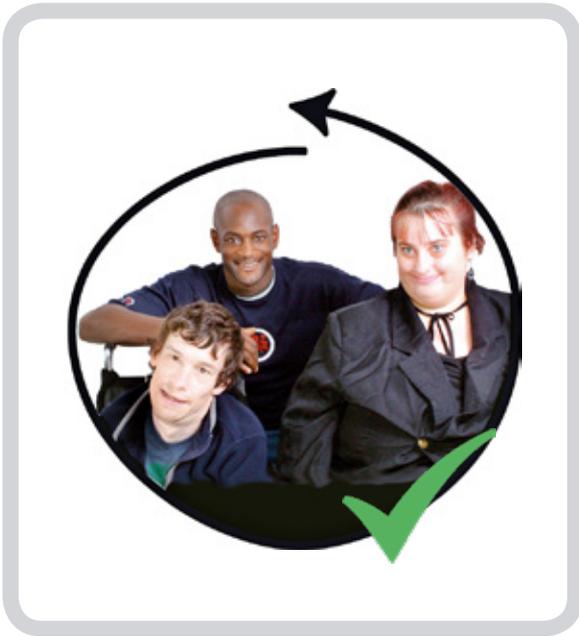
- the community diabetes team
- the respiratory team (lungs)
- the cardiac rehabilitation team (heart)
- the long-term conditions support team (for things like asthma or diabetes)
- the community mental health team
- the cancer support team
- district nurses.



Services could include

- long-term condition nursing
- memory clinics
- occupational therapy (like physiotherapy)
- palliative care (end of life support).

Integrated Care Hubs



Even though services may be different, the way we will deliver services will be the same for all hubs. This should mean every community has equal access to the same opportunities.



You can read more information on our website and you can watch a short video which explains how these hubs would work:



www.healthservicesnorthstaffs.nhs.uk

Case Studies



Jim is 71 and lives in Stoke-on-Trent with his wife, Janice. He has lots of medical conditions including Parkinson's disease and recently had several falls at home and in the community.

Jim has just fallen again at home and can't get up. He calls for help and Janice calls 999.

How things work now

The paramedics arrive and take him to Accident and Emergency (A+E) at the Royal Stoke University Hospital.

He is assessed in A&E and has not broken any bones.

However, because he falls a lot he is admitted to hospital for more tests and support.

Although Jim gets good care he misses his own bed and doesn't sleep well. His wife finds it hard to visit and worries about him coming home.

After 3 days Jim goes home and is told he will need to see the community team. Jim and Janice both worry about another fall and what will happen.

Case Studies



How things could work

The paramedics arrive and get Jim back on his feet. They call the local integrated care hub, who send out a nurse from Home First.

The nurse arrives within two hours, gives Jim a full assessment and checks how Janice is feeling too.



As Janice is worried the nurse puts a two-week care package in place, starting that night. This includes community nursing, occupational therapy, physiotherapy, social care and the falls responder service.



During the two-weeks, a mental health nurse and social worker visit to ask Janice how she is coping and see if she needs any support.

The couple know if Jim falls again they can call the integrated care team based at the hub for help.



Jim and Janice feel supported and have more independence and control over their lives at home.

Case Studies



Florence is 94 and lives in Staffordshire Moorlands with her daughter. Florence has diabetes and arthritis in her hip. She has always been proud of being active.

Florence has just come home after a hospital stay for a chest infection. She has lost confidence and is struggling with everyday tasks.

Her diabetes is not well controlled and her daughter can't be there all the time to help.

How things work now

Her daughter and the GP look into respite care but Florence does not want to do this.

After 2 weeks in respite, Florence gets depressed, missing her home and her independence.

When it is time for her to leave, her daughter and the GP think Florence is less able to look after herself.

Florence is assessed by social care, given a high level package of care and has to travel to Stoke every 6 weeks for an outpatient appointment. This makes her very tired and she finds it hard to listen to the doctor.

Florence feels she has lost her independence and control and moves into a care home.



Case Studies

How things could work.

Florence's daughter speaks to her GP who refers Florence to the local integrated care team.

They visit in the mornings and evenings for just over a week to help Florence get back to doing things for herself again.

They make sure she takes her medication and is confident to make snacks and drinks herself.

Within a week of their initial visit, Florence's confidence has started to return. She is able to get in and out of the bath by herself, make a cup of tea and sleeps well.

Her diabetes is back under control and her hip doesn't seem to bother her so much.

Instead of having outpatient care at the local community hospital, Florence is able to visit her local Integrated Care Hub where her specialist team is located.

Florence is comfortable in her own home and knows that if she needs help again, it is only a call away.



Thinking About Our Ideas



We worked hard to make sure our ideas met **5 tests** set by NHS England. They are:

1. strong public and patient engagement (asking what people think)
2. consistency with current and prospective need for patient choice (making sure it is what people want now and in the future)
3. a clear clinical evidence base (proof it works)
4. support for ideas from clinical commissioners (making sure professionals agree)
5. make sure you can meet 1 of these 3 targets:
 - show different choices are in place before bed closures, and that new staff would be there to support people
 - show ideas and treatment would help people stay out of hospital
 - show hospitals have a plan to support people better without affecting people's care.

Thinking About Our Ideas



A group of professionals from the NHS and local authorities looked at our ideas to see if they:

- were affordable (there was enough money)
- met the local and national health strategies (plans)
- were clinically sustainable (could work for a long time).

The group chose the ideas that worked the best for people and their care and support needs .



We also set up a group of medical professionals, people from the local authority, patients and Healthwatch. They met 5 times to look at our ideas to check if they:

- would deliver quality care to patients in the future
- meet people's needs
- would be accessible for everyone.

We asked the group to choose the ideas. Their results are available on our website.

www.healthservicesnorthstaffs.nhs.uk

Thinking About Our Ideas



The **West Midlands Clinical Senate** looked at our ideas and how we had made them, to make sure they were safe and would make things better for patients.



The **West Midlands Clinical Senate** gives independent advice to help NHS services make decisions that work well for people.



NHS England are happy we have chosen the best ideas for people and their health needs.



We worked with the **Consultation Institute** (who check and give organisations advice on the best ways to find out what people want) to make sure we have chosen ideas that work well for everyone.



You can find out more about our ideas in **Part 2: What we want to know.**

Thanks, Contacts and Credits



This easy read document is part 1 of the CCG Consultation - The Future of Health services in North Staffordshire.



If you have any questions about this consultation please call:
01782 298002.



This information was produced by Reach, a group advocacy project, part of Asist (Advocacy Services in Staffordshire).



For more information about Reach and Asist, please ring 01782 854584 or email reach@asist.co.uk



With thanks to Photosymbols for the images (used to help make the words more easily understandable) in this document.