

The Future of Community Services in Craven including Castleberg Community Hospital

Update report for NY HoSC March 2018

Background:

As reported previously The Castleberg Community Hospital in Giggleswick was unexpectedly closed in April 2017 due to patient safety concerns, following this the CCG considered future options. One, to build a new development, was ruled out on affordability grounds. The remaining two options were subject to public consultation.

In November 2017 the AWC CCG commenced a three month public consultation exercise working with NHS Morecambe Bay CCG and with input from North Yorkshire Healthwatch.

The period of public consultation has now concluded

Options consulted on were:

- Option One: Continue to provide inpatient care in the community and repair/reopen Castleberg Hospital
- Option Two: Provide care in people's homes or in an alternative community setting (determined by need), and close Castleberg Hospital

Officers from the North Yorkshire County Council have been instrumental in supporting the development of option two which includes access to beds in Neville House in Gargrave, Ashfield in Skipton and Limestone View in Settle. This will facilitate greater integration of health and social care.

Seven public consultation events have taken place throughout Craven and Bentham and members of the CCG, NHS Property Services and Airedale NHS Foundation Trust have been available to discuss the options and respond to questions. All of the seven consultation events were well attended particularly the Settle events, one of which attracted more than 100 members of the public.

Early indications are that there have been over 950 responses. This is an unprecedented number by way of response rate.

The following sets out the process and activities undertaken since March 2017 when the issues were raised by ANHSFT and leading up to the decision which is expected to be made by the AWC CCG governing body at their meeting in public in May 2018.

Date	Activity
March 2017	AFT escalated patient safety concerns and the board approved temporary closure on these grounds
30 th March	Council of members appraised of the situation
31 st March	Clinical Executive group appraised of the situation

13 th April	Temporary closure. Alternative care arrangements made for patients
28 th April	Clinical Executive Group approved intended approach to consult with the public about future options
April/May	CCG convened Stakeholder group CCG discussions with NYCC and agreement re use of NYCC beds on temporary basis AFT use of ward 10 included Staff redeployed Temporary arrangements in place
26 th May	Clinical Executive Group received an update on latest position
June	Affirmed need to comply with NHS England Planning Assuring and Delivering Service Change for Patients process
20 th June	Deadline for information & data for first draft report as part of NHS England assurance process
23 rd June	Reported to NY Health Scrutiny Committee
23 rd June	Clinical Executive Group appraised of latest position. Advised of approach to NHS England to query application of Planning, Assuring and Delivering Service Change for patients process. Y&H Clinical Senate approached to provide independent expert clinical advice. NICE guidance and evidence review agreed
28 th June	Confirm NHSE position re need for additional assurance process
29 th June	Include update in Chief Officers Report for Governing Body Committee in Common Meeting 11th July
July	Finalise engagement options informed by information and data requested, including NHSPS economic review and prepare pre-consultation material
5 th July	Stakeholder group. Agreed first draft of pre-consultation engagement material and engagement plan
6 th July	Initial summary evidence review: Andrew O'Shaughnessy. Consultant in Public Health. City Bradford MDC: Please note limitations due to the heterogeneity of approaches that have been labelled as 'intermediate care' - it is the case that the evidence base on its impact is somewhat limited. Search undertaken however not a systematic review. Detail available upon request
6 th July	Submitted strategic sense check report & appendices to NHS England
11 th July	Governing Body appraised via Chair and Chief Officer Report
13 th July	NHSE Strategic Sense Check meeting. Checkpoint 1 review report submitted. 7 representatives NHS England 7 representatives CCG including clinical Questions raised and responded to
13 th July - end July	Act on feedback from NHSE strategic sense check and prepare NHS E Pre-consultation Planning Assuring and Delivering Service Change for Patients Business Case
28 th July	Clinical Executive Group appraised of latest position. Advised of financial implications of the three options. No options ruled out at this stage. CCG risk register updated
Confirmed as 16 th August	Schedule NHSE Assurance Check Point 2 date
14 th July	Finalise engagement plan and material Clinical Executive Group and Council of Members endorsed 28 th & 27 th July respectively
17 th July	Engagement video and display board for pre-consultation engagement finalise.
w/c 17 July	Place adverts for pre-consultation engagement drop in sessions
20 th July	Director of Accountable Care Airedale sent copy of briefing paper and timelines to Daniel Harry.
21 st July	Paper submitted to Clinical Executive Group (CEG) with engagement plan. Plan approved
26 th July	Director of Accountable Care Airedale sent copy of communications and engagement plan to Daniel Harry
27 th July.	CCG Council of Members engagement . Received update confirmed support for proposals
27 th July	Deadline for receipt of print materials for engagement
28 th July	CCG executive group approved pre-consultation engagement plan
28 th July	Update provided at NY HoSC Senior Leaders. CCG Director of Accountable Care Airedale and AFT

31st July	Engagement activities pre-consultation. Period extended to 7 weeks to take account of HoSC feedback and ensure account is taken of summer holiday period so members of the public and stakeholders have sufficient opportunity to engage
July/Aug	Finalise NHS England business case
9th Aug	NHSE Assurance Check point business case submitted
16 th August	Presented pre-consultation business case to NHS England panel as part of check point 2 assurance.
24 th August	Director of Accountable Care and senior quality manager met with clinicians at Settle Medical Practice to discuss approach, care models and invite input and contributions to the care models.
25 th August	Clinical Executive Group appraised of latest position. Advised of NHS England requirement to be assured of process undertaken and how decisions have been made and that discussions with NYCC re beds are being progressed.
Early Sept	Y&H Clinical Senate documentation relating to their review of the care models received and submitted to NHS England as part of checkpoint 2
12 th September	NHS England checkpoint 2 panel assessed business case and advised recommendations/assurance level
12 th September	Governing Body appraised via Chair and Chief Officer Report
13 th September	NHS England Regional Director Decision: <u>Secured approval to proceed to consultation from NHSE</u> <i>The Yorkshire and Humber assurance panel considered the proposals against the four tests for service change and acknowledged the significant amount of work that had been undertaken since the initial sense check meeting.</i> <i>The outcomes of this panel were subsequently discussed by the Yorkshire and the Humber Service Reconfiguration Oversight Group and then the Regional Management Team and, in line with NHS England's decision making thresholds, a decision on the level of assurance provided has been made by the Regional Director. This letter sets out the overall assurance judgement on the 4 key tests.</i> <i>The panel were provided with evidence that proposals could be assured to a sufficient level against all four tests for service change.</i>
15 th September	Engagement ends: Outputs of engagement reviewed and taken into account when finalising consultation material and care models
21 st September	Attended Craven Area Committee and provided an update
Mid Sept – 21 st Sept	Prepared consultation material
22 nd September	Clinical Executive appraised of latest and that NHS England have confirmed by letter that they are significantly assured regarding process undertaken to date. Options reviewed including whether there are any new options to consider informed by pre-consultation engagement feedback. No new options were identified. CEG advised for intention that stakeholder group will appraise options against benefits criteria which links to the CCG outcomes framework. Feedback from engagement will be taken into account. Affordability and options appraisal will be considered at the Octobers meeting.
Mid Sept	Send feedback to public and stakeholders who have been involved in engagement
18 th Sept	Y&H Clinical Senate met and discussed care models at panel
September	Y&H Clinical Senate panel considered the models during September
22 nd September	Finalise draft consultation material & prepare paper for clinical executive
22 nd September	Stakeholder meeting – agree final draft of consultation material
26 th September	Telephone conference GP executive lead with Y&H Clinical Senate panel to discuss views/clarify queries
4 th October	Stakeholder group individually appraise options against benefits criteria taking account of views expressed during engagement and YH Clinical Senate initial feedback. Moderation undertaken – all three options deemed viable subject to affordability test. Equality; Quality; Privacy Impact assessments refreshed

13 th October	Clinical Executive group considered the three options, all deemed viable (subject to affordability) by the stakeholder group. Following consideration the CEG deemed rebuild options as unaffordable and agreed two options to be consulted on. Consultation material informed by output of engagement agreed. Narrative to explain to the public why the rebuild option had been ruled out to be included.
October	Received draft Y&H Clinical Senate Report on care model for option 2, check for accuracy Final report prepared
20 th October	Stakeholder meeting Depending on outcome of the exec meeting make any necessary changes. Finalise consultation material
End Oct	Sign off all consultation material including any printing
3 rd November	Papers provided to the NY Scrutiny of Health Committee for information only and treated as confidential.
10 th November	Clinical Executive Group advised consultation will be launched at the Governing Body meeting held in public 14th November . Assured that the Director of Accountable Care is keeping NY HoSC and Craven Area Committee updated.
14 th Nov	Y&H Clinical Senate report ratified by e-mail
10 th November	Receive final Y&H Clinical Senate Report - provide verbal update to GB at 14 th Nov meeting
14 th November	RESOLVED: The AWC Governing Body noted the factors taken into account when determining viable options and adopted the recommendation to support the public consultation on options 1 and 2. Governing Body Committee in Common – Launched consultation in GB public meeting
14 th November	Commence consultation 3 months. Include clinical leads at staggered drop in sessions
15 th November	Director of Accountable Care provided the consultation documents to Daniel Harry.
11 th December	First public consultation event held at Bentham Town Hall
9 th January 2018	Governing Body appraised via Chair and Chief Officer Report
11 th January	Second Public Consultation event held at the Victoria Hall. Settle
12 th January	Third Public Consultation event held at Grassington Institute
19 th January	Fourth Public Consultation event held at the Victoria Hall. Settle
29 th January	Fifth Public Consultation event held at the Victoria Hall. Settle
6 th February	Sixth Public Consultation event held at Skipton Town Hall
22 nd February	Seventh and final Public Consultation event held at Gargrave Village Hall.
14 th February/27 th February	Consultation concludes. Extended to 27 th February to account for Christmas period
27 th February – 6 th March	Communications and engagement team appraise consultation outputs with input from Healthwatch and finalise consultation report. Review and analysis of outputs have been ongoing during the consultation period
2 nd March	Briefing call with Julian Smith MP
6 th / 9 th March	Refresh care models and impact assessment taking into account changes made to the care models informed by public consultation
6 th to 16 th March	Appraise final consultation report and prepare the decision making business case. (DMBC)
16 th March	Send the DMBC to NHS England Submit to DMBC to the clinical executive group for consideration
16 th March	Sue attending NY Scrutiny of Health Committee to provide overview of current status and ongoing timeline.
23 rd March	Clinical Executive review the DMBC and make recommendations to Governing Body
11 th April	NHS England consider the DMBC at the Service Change Oversight Group (SCOG) and scrutinise process followed. NHS England advise whether fully assured prior to the DBMC being shared with and presented to the Governing Body

3 rd May	Craven District Council Local Elections Results in delay in the Decision Making Business Case being made available to the public. Papers will be made available 4 th May. This is a preferred alternative to delaying the Governing Body review of the DMBC.
8 th May	GB Committee in Common meeting in public - review Clinical Executive Group recommendations and make decision

The CCG is complying with the NHS England 'Planning and Assuring Service Change for Patients' assurance process. Prior to a decision being made NHS England will scrutinise the process undertaken and will advise their level of assurance.

We recognise that there are district council elections taking place in Craven on 3rd May. In view of this papers will not be being made available to members of the public until 4th May. The Governing Body, where the decision will be made, will take place in public.