

Health Scrutiny Committee 12th September 2023

Report Title	Step-up and step-down community transformation
Report Author	System Discharge Group on behalf of the Chief Executives of the Integrated Care Board
Executive Member	Councillor Helen Harrison

Key Decision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972	

List of Appendices

Appendix A – Presentation Step-up and step-down community transformation

1. Purpose of Report

- 1.1. The purpose of this report is for the Panel to discuss and support the development of the shared (local authority and NHS) community transformation model.

2. Executive Summary

- 2.1. Our shared goal is Keeping People Well through the provision of Right Support at the Right Time in the Right Place. This builds on our successful joint transformation achieved to date.
- 2.2. Part of our community transformation focuses on the support we provide to our urgent and emergency care services. We provide community beds in the NHS and in social care that enable people to step up and down in to community bedded care. This is known as Pathway 2 or P2. We are working together to transform the service as we identified that people were often

waiting for the right bed to be available for them resulting in high numbers of patients not being in the right place.

- 2.3. Yet across Northamptonshire we had empty beds because they were not the right beds. Often, we were full in our old estate and only partially full in our modern estate.
- 2.4. This meant people spent a longer time in hospital than they needed to. A consequence of a person being in the wrong setting is the greater the likelihood of decompensation, loss of skills, confidence and risk of reinfection arising compounding the pressure in the urgent and emergency care system.
- 2.5. The development of a new model at Turn Furlong and now the opportunity to implement that at Thackley Green provides new solutions, a better use of our estate, our workforce and enables us to have the right beds in the right places.
- 2.6. This paper and attached presentation set out our shared ambitions, our immediate priorities are to:
 - 2.6.1. Make the best use of our combined estate
 - 2.6.2. Develop our clinical model for complex dementia community bedded care
 - 2.6.3. Deliver care together, that reduces the time people spend in hospital
 - 2.6.4. Review our provision across North and West Northamptonshire to ensure we have the right beds in the right place
 - 2.6.5. Use the learning from Turn Furlong and Thackley Green to develop new joint workforce plans
- 2.7. In the future we will be developing a joint business case that summarises our priorities above and sets out our proposals for ensuring we have the right beds in the right place.

3. Recommendations

- 3.1. It is recommended that the Executive Advisory Panel provides feedback on the proposed approach to our Step-up and step-down community transformation.
- 3.2. Specifically, we would welcome discussion on the panels view on our proposals to:
- 3.3. Make the best use of our joint estate by delivering services together where we can.
- 3.4. To develop our community beds to ensure we have the right beds in the right place, bringing back a business case in the future.
- 3.5. How we build on today's conversation with the panel as we move forward?

3.6. Reason for Recommendations:

- Working together to improve care for our people in North Northamptonshire is a shared goal for the local authority and the NHS.
- Delivering joined up care helps us support all the needs of people at the same time
- Joint working improves the efficiency of our health and care system and makes the best use of resources

3.7. Alternative Options Considered:

Alternatives have been discounted as they would mean we would not be making the best use of our estate; they would not deliver good outcomes for our people and would cost local authorities and the NHS more.

4. Report Background

4.1. This transformational work is a key part of the NHS long term plan.

4.2. The NHS Long Term Plan will build on the Five Year Forward View in seeking to redesign urgent and emergency care services in England for people with physical and mental health problems. The Plan sets out how the NHS will move to a new service model that gives patients more options, better support, and properly joined-up care at the right time in the optimal care setting. 'Out-of-hospital' care will be boosted and the NHS will reduce pressure on emergency hospital services.

5. Issues and Choices

5.1. The Council has the following options.

5.2. To support and develop this model with partners to ensure the best outcomes for the people of North Northamptonshire.

5.3. To identify and develop an alternative model of transformation.

6. Next Steps

6.1. Discussion at today's panel will inform the development of the next steps.

6.2. A business case to identify our priorities and changes will be identified in the future and shared with the panel.

7. Implications (including financial implications)

7.1. Resources and Financial

7.1.1. This transformational opportunity should improve our efficiency and effectiveness, enabling us to deliver more together.

7.2. **Legal and Governance**

7.2.1. The NHS and Local Authorities have developed joint operating standards for the delivery of these services

7.3. **Relevant Policies and Plans**

7.3.1. Our Pathway 2 solutions have been developed and delivered together, in response to the vision set out by North and West Northamptonshire Councils through Better Care Fund submissions & the ICP Strategy and ICB Plan.

7.4. **Risk**

7.4.1. The greatest risk is the risk of not transforming, this has an impact directly on people, through poorer health outcomes. In turn these impact on our health and care services, building in efficiency and increasing demand.

7.5. **Consultation**

7.5.1. Engagement with people, community groups, staff and managers has been undertaken and will continue to be undertaken.

7.5.2. The future business case will identify the need for any wider engagement or consultation.

7.6. **Consideration by Scrutiny**

7.6.1. This report is eligible for call in by the Scrutiny Commission, if part of their work programme.

7.7. **Equality Implications**

7.8.1 An Equality Screening Assessment has not identified any adverse impact on individuals with protected characteristics

7.8. **Climate Impact**

7.9.1 The benefit of using our modern estate more effectively supports our reduction of our carbon footprint. Newer building are more energy efficient and provide better spaces for modern healthcare.

7.9. **Community Impact**

7.10.1 The community impact is expected to be positive resulting in better community bedded care

7.10. **Crime and Disorder Impact**

7.11.1 There are no Crime and Disorder issues arising directly from this report.

8. Background Papers

Presentation attached