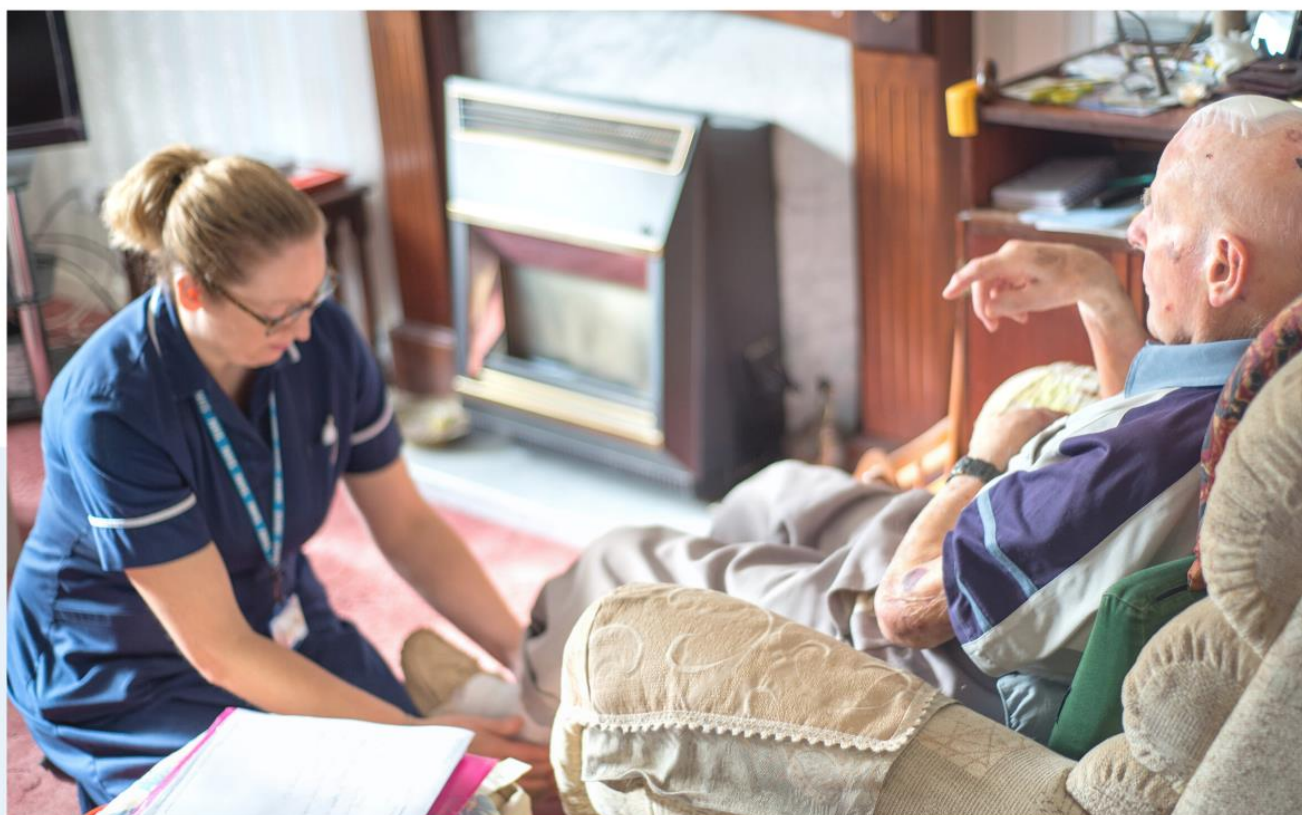


Where would you like to be cared for in South Lakeland?

Have your say on the future of community-based adult healthcare services in South Lakeland.

Your views count.



Public Consultation:
16 November - 31 December 2021
Consultation Summary Document

How can I have my say?

We want to know what you think; all the responses received will help us plan care around the needs of our communities.

This document is available in large print and Easy Read format. If you would like a copy please use the contact details below.

You can tell us what you think about these proposals by:

- [Completing the online survey here](#)
- [Reading the full consultation document online](#) if you would like more detail
- Request a paper copy by emailing: engagement.morecambebayccg@nhs.net
- Call Morecambe Bay Clinical Commissioning Group (CCG) on 01524 519369
- Request a paper copy by writing to:
Communications and Engagement
Morecambe Bay Clinical Commissioning Group
Moor Lane Mills
Moor Lane
Lancaster
LA1 1QD

Please tell us your views no later than 23:59 on 31st December 2021

What is this consultation document about?

This consultation is about how we most effectively deliver step-up and step down care for adults who need it. This consultation relates to the community beds at the Langdale Unit on the Westmorland General Hospital site.

What is step-up and step-down care?

At Morecambe Bay Clinical Commissioning Group (CCG), we work with our partners to provide healthcare for people who need more support than can currently be provided by GPs or district nurses but don't need to stay on an acute hospital ward.

Step-up care

You may receive step-up care and receive regular nursing, therapy or care support so that you can safely remain at home. For example, if you have an infection or have fallen.

Or, you might move from home to a nurse-led ward for a short time, where you can receive the care you need to recover.

Step-down care

When recovering from a stay in hospital, you may no longer need treatment on a hospital ward, but you might still need to rehabilitate and rebuild skills to look after yourself before you are ready to go home.

You might receive step-down care if:

- You fell and fractured your hip and are still recovering, or
- You were in hospital for other surgery, or
- You've had another illness, such as a stroke, that required a hospital stay

You might stay on a community ward where nurses, physiotherapists and occupational therapists can help you with rehabilitation so that you can return home safely.

This kind of care is also sometimes known as Intermediate Care and is delivered by the NHS and Adult Social Care teams at county councils.

Services provided at the Langdale Unit

The Langdale Unit at Westmorland General Hospital (WGH) was opened in 2008 to provide step-up and step-down care. It was set up to care for people who needed treatment by a nurse, physiotherapist or occupational therapist. Doctors visited the unit at set times. There are 28 beds on the unit.

From April 2019 to March 2020, 416 people were admitted to the Langdale Unit. On average, people stayed for 22 days, at a cost of about £6,300 per person, per stay.

We know, by talking to clinicians, patients and caregivers, that hospital isn't always the right place for patients to recover and regain their independence.

The Langdale Unit is laid out like a hospital ward and does not have facilities such as a kitchen or day room for patients where people can make their own drinks and snacks.

This means that older people can lose mobility and the ability to care for themselves during a stay in hospital.

Instead, [best practice guidance in the care of older people](#) by the British Geriatric Society shows that care should be delivered at or as close to home as possible, enabling older people who are frail or live with other conditions to stay in or return to the comfort and familiarity of their home as quickly as possible.

Impact of COVID-19

The Langdale Unit has been closed temporarily since July 2020 so that Westmorland General Hospital could offer urgent planned surgery during the COVID-19 pandemic.

This temporary closure has allowed us to try new ways of working. This meant that we were able to expand our community nursing, Rapid Response service and develop a Frailty Co-ordination Hub - services that enable older people to remain close to their homes and communities and avoid unnecessary hospital admissions.

The future of the Langdale Unit

Each of the following four options for delivering community care in South Lakeland would have an impact on the services that are delivered from the Langdale Unit.

If it were no longer used for community beds (as in options three and four), the Langdale Unit would be used for services that can only take place on a hospital site such as recovery following planned operations.

Where would local people like to be cared for? Results of our 2019 engagement exercise

In 2019, we talked to people in Morecambe Bay about where they would like to be cared for if they needed step-up or step-down care.

Of the 270 people who responded, 63 per cent said that they would prefer to receive intermediate care at home, rather than be admitted to a community bed.

They also told us they would need the care and support to enable them to stay at home – like help with cooking, shopping and personal care – and that there needs to be better communication between organisations and teams. [You can read the findings here.](#)

Options to redesign step-up and step-down care

We have put together four options for delivering step-up and step-down services in future.

The budget is £3 million pounds. This is the cost of running the Langdale Unit. All four options cost the same amount of money but deliver different things.

Option one

Reopen the Langdale Unit and return to the way care was delivered there before it was temporarily closed in July 2020

In this option, we would reopen the 28 beds at the Langdale Unit, the same number of beds that were available before it temporarily closed.

The full budget of £3m would be spent on keeping the 28 community beds open on the Langdale Unit. There would be no remaining money to care for more people at home.

Number of beds in this option	28
Approximate number of people this option could care for, per year	464 patients

Things to consider

- The healthcare team on the ward would be hand to care for people during the day, with nursing staff available around the clock.
- The Langdale Unit is a nurse-led ward. We would need to rearrange medical cover from a doctor which might take some time due to the pressure on staff at the moment.
- [Reviews](#) have found that the environment was not fit for rehabilitating patients
- Another review highlighted that intermediate care in the area is complex and difficult for patients, carers and staff to navigate.
- Some Langdale Unit patients had to stay longer than necessary because they were waiting for NHS and social care to enable them to go home.

Option two

Reopen eight beds at the Langdale Unit and use the remaining budget to provide some extra services in the community

In this option, we would reopen eight beds on the Langdale Unit. Most of the budget would be taken by delivering a smaller number of beds due to the cost of keeping a hospital ward open.

We would spend the remaining money on expanding community services to care for people at home.

Number of beds in this option	8
Approximate number of people this option could care for, per year	133 patients in the Langdale Unit, plus 2,200 patients at home.

Things to consider

- There wouldn't be enough money remaining to increase the number of community staff to the levels provided in other parts of the country
- With just eight beds we would need to be clear about who would benefit most from using them.
- The Langdale Unit is a nurse-led ward. We would need to rearrange medical cover from a doctor. This might take some time due to the pressure on staff at the moment.
- It doesn't offer best value for money as most of the budget would be tied up in running a smaller number of beds, leaving less to spend in the community to meet the current and future need.

Option three

Re-distribute full resource into community staffing and a range of complementary services. No community beds on the Langdale Unit.

In this option the Langdale Unit would be redesigned so it is no longer used for community beds.

We could then reinvest most of the £3m budget into recruiting 36 additional staff in the community to help us offer more nurse-led care in people's homes.

We would have enough budget to pay for additional beds in the community for end-of-life care and reablement. We could ring-fence some of the budget for a future community intravenous (IV) therapy service.

We could provide:

- Four end of life care beds – supported by NHS, Social Care & St John's Hospice – if home isn't the best place for patients to stay.
- Four extra care beds - for people who need rehabilitation but who can't stay at home - perhaps because of poor access or because they need more support.
- Additional resources to General Practice.
- A falls prevention service.
- More therapists in the community to help people after a fall or surgery.
- Funding to start a community intravenous (IV) therapy service so people who need medication directly into a vein can receive that at home.
- Enhanced community teams such as Rapid Response and District Nurses, providing extra capacity for the night team.

Number of beds in this option	4 End of Life care beds 4 Extra care Housing beds
Approximate number of people this option could care for, per year	66 patients in the End of Life care beds 66 patients in the Extra care Housing beds plus 3,172 patients at home.

Things to consider

- Increased community staff could care for around 3300 patients per year at or closer to home – more than seven times the 464 patients who were cared for on the Langdale Unit in an average pre-pandemic year.
- It fits with the NHS Long Term Plan to deliver care closer to home, and best practice in the care of older people, according to a 2021 report by the British Geriatric Society
- We could offer care to many more people and offer flexible local health services that are more able to care for a growing, ageing population.
- It increases funding for the voluntary sector to help them deliver valuable services, such as advice, practical support and befriending.
- It means we could work in a more joined-up way with organisations like Cumbria County Council

Option four

Re-provide all elements of care in people's own homes.

In this option we would reinvest the budget into recruiting at least 40 additional staff in the community to help us offer more nurse-led care in people's homes. We could ring-fence some of the budget for a future community intravenous (IV) therapy service.

There would be no additional care in community accommodation or extra care housing for end-of-life care or reablement.

In other parts of the country, councils, rather than the NHS provide 'Step up: Step down' accommodation for reablement. However, our colleagues in Adult Social Care in Cumbria County Council agreed that this could mean an unsustainable increase in costs for the council because it doesn't fit with its current way of working.

In this option we could offer:

- 40 additional staff, including nurses, physios and occupational therapists in the community
- Additional resources to General Practice.
- A falls prevention service.
- Additional therapists in the community to help people after a fall or surgery.
- Funding to start a community intravenous (IV) therapy service so people who need medication directly into a vein can receive that at home
- Enhanced community teams such as Rapid Response and District Nurses, providing extra capacity for the night team.

Number of beds in this option	0
Approximate number of people this option could care for, per year	3,172 patients at home

Things to consider

- There will be no bed-based care and all support will be provided in people's homes.
- This option does not take into account the feedback from the 2019 'Where would you like to be cared for' engagement.
- It puts the current configuration of Adult Social Care in Cumbria under pressure through increased demand.
- It maximises the amount of money we can invest in additional community nursing, therapy and medical support.

Summary of options

We can deliver each of these options within our £3m budget.

Option one is no change from the provision we have had for the past 12 years.

Option two means that we retain some beds on the Langdale Unit and invest an amount of money in increasing the numbers of staff who work in our community teams.

Option three is a full re-design of the resource to further increase the staff who work in the community and to fund some additional services that we know are gaps in our local area. This includes commissioning 24-hour provision in care homes and Extra Care Housing.

Option four is a full re-design of the resource to further increase the staff who work in the community and to fund some additional services that we know are gaps in our local area. No care home or Extra Care Housing is included.

Options three and four are the best fit and modernise our local service according to NHS guidance as well as aligning to the local Clinical Strategy about how we use our hospitals and community service to best effect. Option four is not a good fit with the current model of Adult Social Care in Cumbria as it puts the current configuration of Adult Social Care in Cumbria under pressure through increased demand.

Objectives of service redesign	Option 1	Option 2	Option 3	Option 4
Value for money	✗	✗	✓	✗
Follows best practice – 'care closer to home'?	✗	✓	✓	✓
Aligns to system strategy	✗	✗	✓	✗
Aligns to UHMB clinical strategy	✗	✗	✓	✓
Takes account of 'Where would you like to be cared for' engagement in 2019?	✗	✓	✓	✗
Takes account of service reviews and recommendations made by outside bodies?	✗	✓	✓	✗

[Please now tell us what you think on our online survey by Friday 31 December.](#)