

Item for:-	
Decision	
Recommendation	X
Information	



**AGENDA ITEM NO: 9.0.**

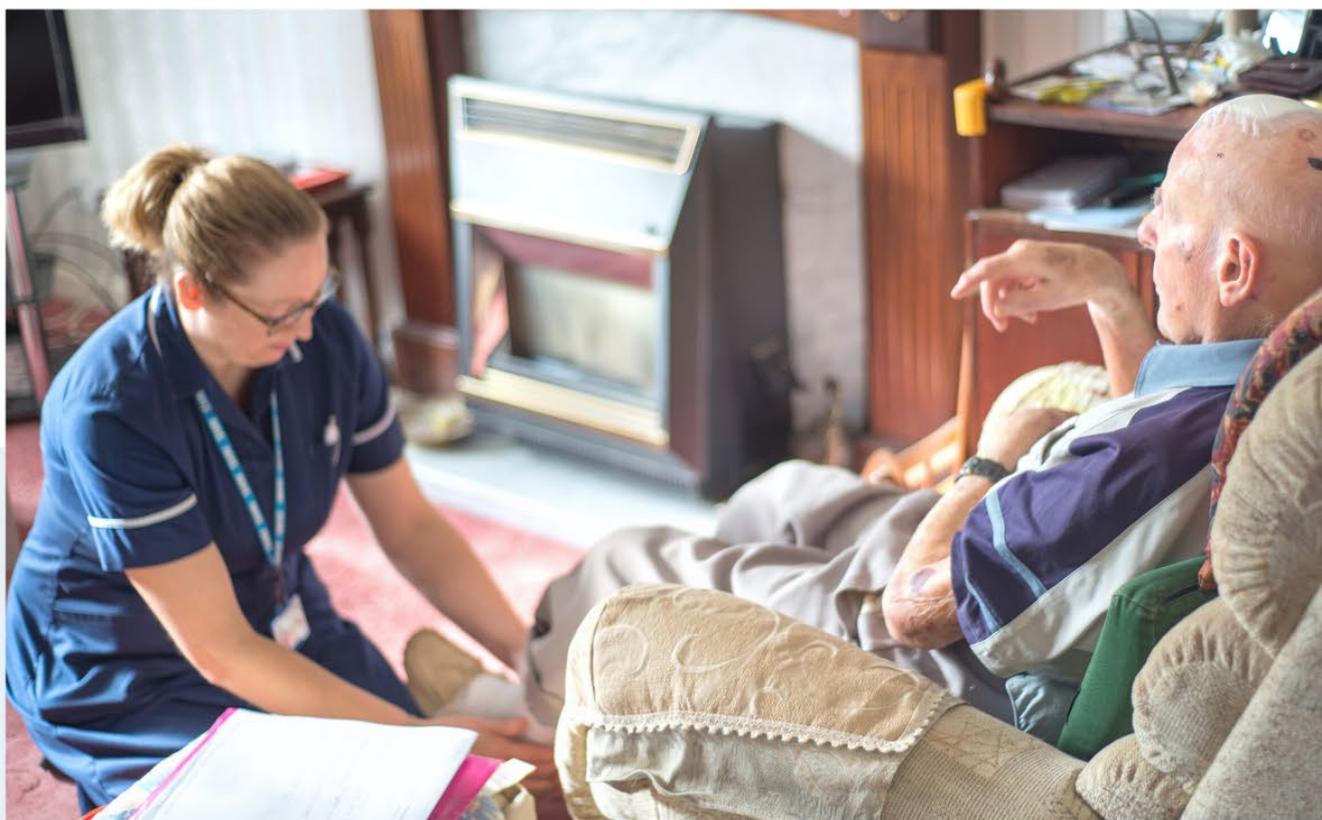
<b>Meeting Title/Date:</b>	Governing Body - 15 February 2022		
<b>Report Title:</b>	Service Re-Design - Community Beds, South Cumbria		
<b>Paper Prepared By:</b>	Helen McConville	<b>Date of Paper:</b>	15 February 2022
<b>Executive Sponsor:</b>	Hilary Fordham	<b>Responsible Manager:</b>	Helen McConville
<b>Committees where Paper Previously Presented:</b>	Morecambe Bay CCG Executive Committee.		
<b>Background Paper(s):</b>	<p>The proposal for re-design of the Community Beds has been presented to the Cumbria Health Overview and Scrutiny Committee again in July 2021 when we gave notice that we intended to re-commence the work.</p> <p><a href="https://councilportal.cumbria.gov.uk/documents/g12128/Public%20reports%20pack%2021st-Jul-2021%2010.30%20Cumbria%20Health%20Scrutiny%20Committee.pdf?T=10">https://councilportal.cumbria.gov.uk/documents/g12128/Public%20reports%20pack%2021st-Jul-2021%2010.30%20Cumbria%20Health%20Scrutiny%20Committee.pdf?T=10</a> - Agenda item 12, page 47.</p> <p>NHS England as part of the Stage 1 meeting on 17 August 2021 - see Appendix A.</p> <p>CCG Executive Committee February 2020 - see Appendix B.</p>		
<b>Summary of Report:</b>	<p>Work has been undertaken in collaboration with NHSE to undertake the formal requirements associated with service change. This included follow up engagement ('Where would you like to be cared for?') with the public develop and the development of 4 Options that went to consultation. These were:-</p> <ol style="list-style-type: none"> <li>1. Reopen the 28 beds on the Langdale Unit and return to the way care was delivered there before it was temporarily closed in July 2020.</li> <li>2. Reopen eight beds at the Langdale Unit and use the remaining budget to provide some extra services in the community.</li> <li>3. Close all community beds on the Langdale Unit and re-distribute full resource into community staffing and a range of complementary services.</li> <li>4. Re-provide all elements of care in people's own homes.</li> </ol>		

<b>Recommendation(s):</b>	The Governing Body is asked to:-	
	1. Note the work undertaken to date.	
	2. Support the preferred Option 3.	
		<b>Please Select Y/N</b>
<b>Identified Risks:</b> (Record related AF or RR reference number)	The key risk with moving forward with Option 3 at present is the lack of stability in the overall system because of direct impacts of Covid 19 (services compromised with managing infection prevention and control and related guidance) and indirect impacts (workforce shortages, short term priority initiatives) For this reason, we plan to take a measured approach to implementation, commissioning first the services that will enhance stability and add value immediately and working with providers to phase in others when it is safe and timely to do so.	Y
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)	See Appendix C.	Y
<b>Strategic Objective(s) Supported by this Paper:</b>		<b>Please Select (X)</b>
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities		X
<b>Better Care</b> - improve individual outcomes, quality and experience of care		X
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total		X
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# Where would you like to be cared for in South Lakeland?

Public consultation on the future of community-based adult healthcare services in South Lakeland

16 November - 31 December 2021



## Report of Findings

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## Introduction

Morecambe Bay Clinical Commissioning Group (MBCCG) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) propose a service change to the community beds as an initiative to improve health and care in our community.

Morecambe Bay CCG and UHMB are two members of Bay Health and Care Partners, which is made up of a range of local health and social care services that work together across North Lancashire, South Cumbria and Furness with a shared vision:

*“To see a network of communities across Morecambe Bay enjoying great physical, mental and emotional wellbeing, supported by a health and care system that is recognised as being as good as it gets.”*

Other members of this partnership are Lancashire County Council, Cumbria County Council (CCC) and NHS Lancashire and South Cumbria Foundation Trust (LSCFT). The service change will impact significantly upon our work with CCC and, with LSCFT to some extent. Both organisations have worked closely with us on this pre-consultation business case.

We recognise that there are close interdependencies in how we work together and that the decisions we make should be for the greater good of our population. This may include a shift in resources away from pure health care delivery and toward the integration space,<sup>1 2</sup> that is health and social care, delivering sustainable change and creating a new suite of resources that enable us to deliver personalised care at or closer to home and to develop a workforce that is fit for the future.

There are three Community Hospital inpatient sites run by UHMB, Abbey View on the Furness General Hospital site, Millom Hospital and the Langdale Unit on the Westmorland General Hospital site.

While previous reviews (North West Utilisation Management Unit, 2017 & Carnall Farrar 2019) have highlighted the need for reviews of all three units, MBCCG and UHMB propose to undertake a three-phase approach to the community bed review, on the basis that each of the three community sites in South Cumbria is unique and meets needs that reflect their wider community assets and geography, our proposed service change for community beds will be conducted on a phased approach, beginning with a focus on the Langdale Unit. This paper therefore, describes the consultation process undertaken and reports on the findings of this public consultation for the Langdale Unit on the Westmorland General Hospital site only.

## Service Description

The UHMB Integrated Community Care Group has 18 distinct services, including step-up/step down community-based in-patient beds, and delivers care from approximately 20 buildings as well as the patient’s home. The care group delivers services spanning a large geographic area, across three counties with varied demography but with common health impacts.

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<sup>1</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>2</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

The care group is led by a Clinical Director, an Associate Director of Nursing and an Associate Director of Operations, managing an expenditure budget of circa £28m and a workforce headcount of 862 colleagues.

There are three Community Hospital inpatient sites managed by UHMB Integrated Community Care Group. They are all in South Cumbria and transferred into UHMB as part of the service transfer from Cumbria Partnership Foundation Trust.

They are:

- Abbey View: 20 beds on the Furness General Hospital (FGH) site providing, in the main for step-down care
- Millom Hospital: nine beds on the site of the Millom Waterloo Practice, providing both step-up and down care
- Langdale Unit: 28 beds on the Westmorland General Hospital (WGH) site, providing step-up (predominantly) and step-down care. The Langdale Unit is Nurse-led with Advanced Clinical Practitioners with medical oversight from Kendal Urgent Treatment Centre and Cumbria Health on Call (CHOC). Originally there were two wards with a total of 56 beds. Over time, these reduced to 28 beds for a range of reasons including difficulty with staffing.

The services are different from those in Furness and north Lancashire. This is partly intentional with historical decisions made on a locality bases, and partly incidental because of what local assets sat in different areas and what the reciprocal offer of Adult Social Care has been. Furthermore, the configuration of all services needs continuous re-assessment against emerging clinical evidence of effectiveness as well as emerging technologies and advances in what healthcare can be delivered outside of a hospital setting.

### Service Reviews

The Langdale Unit has been subject to a number of reviews in recent years:

In 2017, Morecambe Bay Clinical Commissioning Group (MBCCG) commissioned North West Utilisation Management Unit (NWUM) to conduct a Community Bed Based Service review of all three units alongside acute based wards. A Point Prevalence Audit revealed that 56% of patients no longer required hospital-focussed care, i.e. patients had no ongoing need for current services and were in the wrong part of the 'system'.

During 2018 an Intermediate Care Bed Base review conducted by Carnall Farrar indicated that Lancashire and South Cumbria health care system was characterised by higher-than-average levels of 'super stranded' patients in acute hospital beds (those staying more than 21 days), and a higher rate of delayed transfers of care. In addition, their findings indicated:

- There is no consistent model of intermediate care across the Lancashire and South Cumbria system; it is also complex, fragmented and difficult to navigate for patients, carers and staff.

Following on from these reviews, in 2019, MBCCG initiated an evaluation of the community beds led by the Frailty Group chaired by Dr Jim Hacking, GP Executive

at MBCCG. This triggered a piece of initial engagement work called *'Where would you like to be cared for?'* which was undertaken in the Autumn/Winter of 2019. This engagement covered all three sets of community beds (Abbey View at Furness General Hospital, The Langdale Unit and Millom Hospital) and it was during this exercise that it became apparent that each of the three sites operates differently and is regarded differently by its local community.

The plan was to return to Cumbria County Council's Health Overview and Scrutiny Committee (HOSC) in March 2020. However, this had to be suspended as part of the system response to the COVID-19 pandemic.

### **Impact of COVID-19**

Langdale Unit beds closed temporarily in July 2020 as an enabling factor for the overall WGH site to be regarded as a COVID-19 'green site', thus enabling some continuation of urgent elective care during the pandemic response.

This temporary closure allowed us to have a short test of change. All staff remained working in the local system with the majority opting to be re-deployed in their local community. This meant that we were able to expand our community nursing, Rapid Response service and pilot a Frailty Co-ordination Hub.

Due to the temporary closure of the Langdale Unit, it was decided that this would be the first community site to undertake the service review in order to align with the NHSE/I request to re-open the unit and to minimise the impact on the staff.

Steps to resume this service change work were taken and MBCCG and UHMB representatives returned to the HOSC on 21 July 2021, providing an update on the 2019 engagement, the impact of COVID and next steps. At that meeting, the HOSC indicated that they were happy that they had been informed of the intention to recommence the work and requested to be kept informed of progress following the NHS England Stage 1 meeting on 17 August 2021.

### **Case for change**

We have longitudinal experience now of the diminishing value that the bed-based model of care that was delivered from the Langdale Unit adds to our local system in the context of a changing evidence base and new ways of working. Over the past year, there have been opportunities, described above, to implement some short tests of change. These have occurred dynamically and enabled us to see more clearly what the interdependencies to the national agenda are now.

The Westmorland General Hospital (WGH) site has a strong place in its local community and is valued by the people of South Lakeland. Since being built it has changed, from being a stand-alone hospital offering urgent and scheduled care, to becoming part of the wider suite of services provided by University Hospitals of Morecambe Bay NHS Foundation Trust.

During the Covid 19 Pandemic, the surgical facilities based at WGH took on a vital role in enabling the re-start of clinically prioritised work. The Clinical Strategy<sup>3</sup> for Morecambe Bay together with the developing work on the New Hospital Programme give indications of how the future may look for WGH in respect of becoming a more important site for elective care. There is therefore a positive synergy between proposals for re-design of bed-based care on the Langdale Unit and the future use of the overall site.

<b>Initiative / agenda</b>	<b>How Langdale Unit supports this</b>	<b>What needs to change</b>	<b>How this could work in the future</b>
Hospital Discharge and Community Support	Formerly used for step-down care – ‘slow stream rehabilitation’ - increased the time that people were away from home.	Rehabilitation needs to happen in people’s own ‘real life’ environments where there are greater prompts for activation and opportunities to practice functional tasks.	There would be additional therapists, nurses and domiciliary care in the South Lakeland area that could support hospital discharge.
Ageing Well - 2 hour crisis response	Prior to this, patients who were identified as needing nursing and care may have been ‘stepped up’ to the Langdale Unit	This leads to long periods of time away from home and loss of functional ability – with the need for added support on return home	Individuals have the assessment, treatment, care and rehabilitation they need at home.
Ageing Well – Enhanced Health in Care Homes	Some people who used the Langdale Unit may have transferred to Care Homes if they were unable to return home.	Care Homes are recognised as caring for people with increased complexity and need better support from NHS multi-disciplinary teams – these don’t currently exist in South Lakeland.	There would be additional therapy and nursing resource in the community that can ensure good handovers and continuity of care in Care Homes, including the possibility of ongoing rehabilitation there.
Ageing well – anticipatory care	Langdale Unit staff will have benefitted from holistic care	The anticipatory care plan sits with the patient and informs new need	The Anticipatory Care plan sits with the patient at home. If they

<sup>3</sup> [https://www.uhmb.nhs.uk/application/files/5015/8444/0963/UHMBT\\_Clinical\\_Strategy\\_2019\\_-\\_2024.pdf](https://www.uhmb.nhs.uk/application/files/5015/8444/0963/UHMBT_Clinical_Strategy_2019_-_2024.pdf)

<b>Initiative / agenda</b>	<b>How Langdale Unit supports this</b>	<b>What needs to change</b>	<b>How this could work in the future</b>
	planning that was undertaken in the local communities by Integrated Care Community staff – however, may not have updated these as part of a handover of care back to the community.	and is updated continuously reflecting any new interventions or changes	transfer in to a Care Home, staff can inform the development of their Care Plan
Falls prevention	Many patients who stepped up to Langdale Unit did this as a result of falling at home. Medical review and therapy on the unit addressed their needs.	Falls prevention needs to be embedded as part of the overall Ageing Well agenda.	Falls prevention work can be undertaken in the patients' own home.
Development of an Intermediate Care Allocation Team (ICAT) model for Cumbria	Community OT serves Langdale Unit patients only.	Therapy resource currently allocated to Langdale Unit needs augmenting to support developing ICAT model.	Additional funding via the 2 Hours Crisis response agenda could be used together with Langdale Unit resource to provide a more resilient therapy provision.
On-going development of service offer for people who need End of Life care	Many people are supported for end of life care in their own homes – a proportion need 24 hour nursing support delivered in another setting.	We need to continue to improve both skills and capacity for end of life care.	There are opportunities to partner with local Hospices and Care Home providers to deliver good end of life care in a range of settings.
Interdependency with Adult Social Care	As operated in normal times, Langdale Unit is another element of the intermediate care offer in South Lakeland	Patients need fewer transitions in care.	Ideally people would receive health care at home and social care needs could be met by support in to the home

<b>Initiative / agenda</b>	<b>How Langdale Unit supports this</b>	<b>What needs to change</b>	<b>How this could work in the future</b>
Financial – best use of Morecambe Bay pound	The current model is expensive and only available to a very small proportion of the local community	A good re-design would enable us to have the right workforce to support a larger number of people with a wider range of needs in their own home	Re-investment of finances associated with
Future of Westmorland General site	The service occupies a ward on Level 4 of the Westmorland General Hospital site	Aiming to look after more people at home could free up hospital ward capacity on the WGH site	Fewer or no intermediate care bed base at WGH could generate more capacity for elective and surgical activity on the site.

## **Vision**

Our vision for our intermediate tier of services aligns with that of Bay Health and Care partners.

Intermediate care services are, by their very definition, closely networked and transcend the organisational barriers of primary, secondary & community and social care. Our commitment in this re-design is that the existing resource utilised in the Langdale Unit is re-distributed amongst the range of providers who are best placed to work in partnership to deliver our vision. We aim to use learning from what we know about local services, their strengths and their shortcomings to identify key areas of service improvement.

## **Models of Care**

We seek to develop three complementary models of care that will cover identifiable groups of people who have been served by the Langdale Unit to date.

1. People requiring medical treatment and rehabilitation to recover at home
2. People who need to complete treatment and rehabilitation that are unable to go home.
3. People who are experiencing their last illness and may die in the near future. The Langdale Unit has been a valued provider of end of life care serving South Lakeland. Given rurality and other demographic issues, it is not possible to offer round the clock care for people to be cared for at home and, in reality, there are people for whom receiving end of life care at home would not be their first choice.

## Development of Options

The four options outlined below were developed based on a ‘do nothing’ option and graded alternatives relating to a bedded base at Westmorland General Hospital. This has been informed by the feedback we received from the ‘Where would you like to be cared for?’ engagement in 2019, and learning we have accrued whilst the unit has been closed temporarily since 2020.

We recognise that there are multiple elements in Option 3, some of which need to be an essential ‘anchor’ to the option, with other elements that may be negotiable depending on the ability of providers to step up provision at given times. Equally, an option for something like a full Community IV Therapy service may gain favour with Primary Care and in-patient provision of University Hospitals of Morecambe Bay later with a clear case for taking this forward on a Morecambe Bay-wide basis for optimum scale.

The consultation paper detailed that the overall budget for the service redesign is £3 million pounds, which is the overall cost of running the Langdale Unit. All four options described within the consultation document were developed to enable delivery within the same financial envelope, highlighting that some options would deliver greater value for money than others.

Within the consultation document it was highlighted that options three and four are the best fit and would 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.

However, it was detailed that option four would not be 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.

All four options are possible but will take some time to become available because of how services have changed during the COVID-19 response.

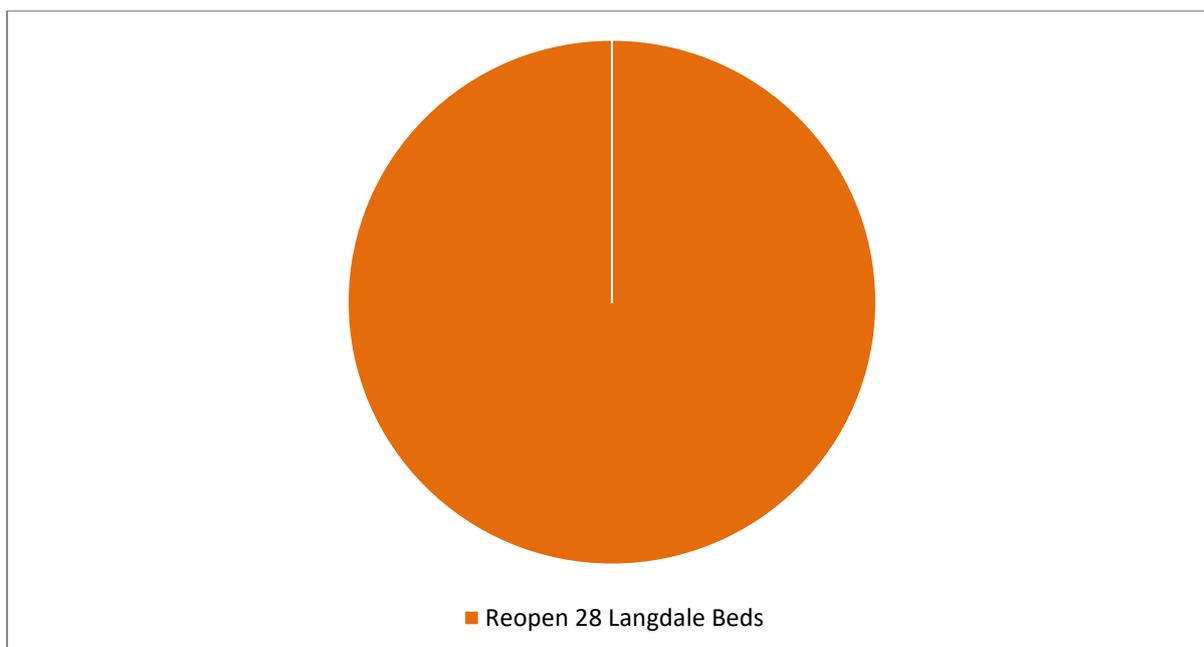
### **Option 1 Do nothing – revert to provision temporarily suspended in 2020**

Re-open Langdale Unit. Engage with staff to return to substantive roles. Advertise for any vacancies. Re-negotiate medical cover. Work to restore ward environment including re-location of teams who have been using the space for other essential activities in the past year.

<b>Requirements</b>	<b>Does option meet requirements : Yes / No / Partially</b>	<b>Comments</b>
Does it meet the current need?	No	We are not acting on repeated recommendations regarding best practice
Meet future need?	No	The current model is outdated and not regarded as being good care – it does not fit with new required ways of delivering care and is not taking the best advantage of advanced skills, equipment and information technology.

<b>Requirements</b>	<b>Does option meet requirements : Yes / No / Partially</b>	<b>Comments</b>
Can it be staffed?	Partially	Staff resignations have occurred over the last year and therefore recruitment would be necessary. Furthermore, staff deployed to community roles may not wish to return to ward-based work. Medical cover needs to be re-negotiated
Does it deliver the vision, i.e. Care closer to home?	No	This perpetuates a hospital-based intermediate care offer. People will be away from home unnecessarily.
Is there strong clinical evidence?	No	Current provision contravenes the National Hospital Discharge and Community Support Policy and Operating Model and the requirements for the 2 Hour crisis response.
Is it the best way to spend the Morecambe Bay pound?	No	Serves only those who access Langdale Unit. Focuses on just a small number of patients per year who happen to access this facility It ties up NHS resource that could be blended with Local authority spend as part of our ambition to improve integration of services.
Does it offer good patient experience?	Partially	Whilst some patients may have had a good experience on the Langdale Unit, both patients and staff have told us that it is difficult to provide the best patient experience on a unit where the patient needs are diverse.
Does it advance the integration agenda?	No	This option sees the financial resource tied to NHS bed-based care

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



This chart shows that the full sum of £3 million pounds remains invested in the Langdale Unit.

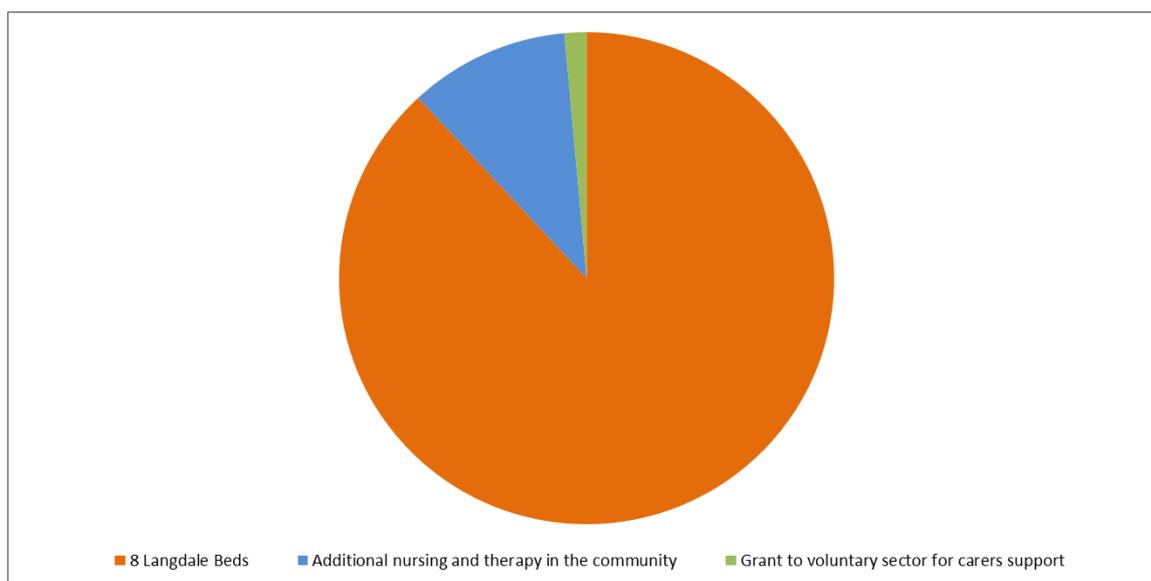
**Option 2 Reduce the number of beds on the Langdale Unit and increase some community service provision.**

This would reduce the number of beds in the Langdale Unit from 28 down to 8 and provide for some element of bed-based care and release some resource for re-design into community services.

Requirements	Does option meet requirements : Yes / No / Partially	Comments
Does it meet the current need?	Partially	This may give some provision for people who need bed based end of life care and re-accommodation for reablement. The issue of managing diverse patient needs in close proximity remains
Meet future need?	No	Doesn't allow for sufficient investment in community health provision.
Can it be staffed?	Partially	We are likely to be able to staff nursing posts. Medical cover remains an issue. Therapist provision could be in-reach or out-reach.
Does it deliver the vision, i.e. Care closer to home, strong partnerships?	Partially	There would be some additional provision in the community. However, this model would leave a significant sum tied up in estates and facilities in UHMB and not delivering care and treatment for people in the wider community.
Is there strong clinical evidence?	No	There is evidence that a bedded base is needed but not necessary or desirable to deliver from a hospital site.

Requirements	Does option meet requirements : Yes / No / Partially	Comments
Is it the best way to spend the Morecambe Bay pound?	No	This is an expensive option as the overhead costs of running a diminished number of beds will be high and the financial resource that can be released for investment in community services will be insufficient to meet the current and predicted need.
Does it offer good patient experience?	Partially	This option could allow more patients to receive care in their own home.
Does it advance the integration agenda?	Partially	This option will allow for some collaboration with wider partners.

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



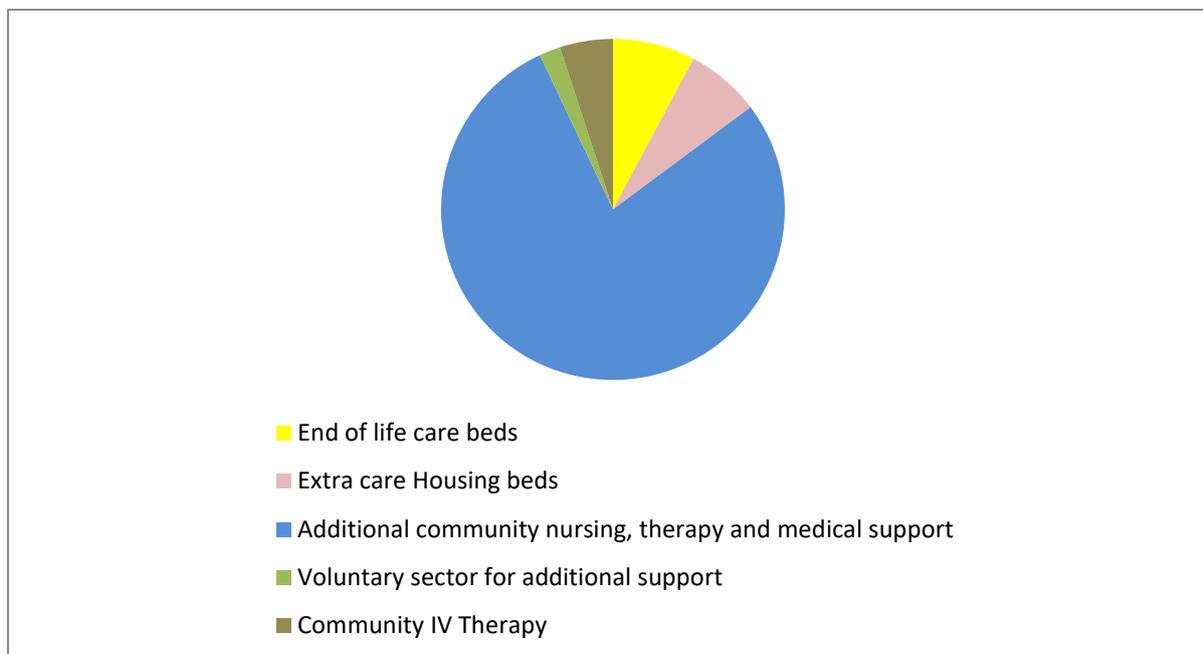
This chart shows that a significant amount of funding would be used in keeping the Langdale Unit open with eight beds. The remainder could be spent on delivering services in the community.

**Option 3 Relinquish the beds at Langdale Unit for use by acute care and develop a blended model of care, with some Care Home beds for end of life care and some community accommodation for those who need rehabilitation which cannot be delivered at home for reasons of access or wider support.**

This option aligns most closely with the clinical strategy and is the CCGs preferred option.

<b>Requirements</b>	<b>Does option meet requirements : Yes / No / Partially</b>	<b>Comments</b>
Does it meet the current need?	Yes	We have analysed the most recent historical use of the Langdale Unit and taken into account the types of care required and the feedback from reviews as well and new nationally mandated programmes of work and believe that we can re-design to fit with these.
Meet future need?	Yes	We have analysed the most recent historical use of the Langdale Unit and taken into account the types of care required and the feedback from reviews as well and new nationally mandated programmes of work and believe that we can re-design to fit with these. Aligns to the delivery of the two hour crisis response
Can it be staffed?	Yes / partially	From an NHS point of view, this plan enables us to retain experienced staff and generate new roles that can be part of career development for both non-registered and registered staff. We recognised that we will need to work creatively with CCC to design a re-ablement service that is an attractive and worthwhile career pathway.
Does it deliver the vision, i.e. Care closer to home, strong partnerships?	Yes	Collaboration with Cumbria County Council and St John's Hospice as well as extra care housing and other voluntary sector providers that are rooted in our local communities. Implementation of virtual ward model
Is there strong clinical evidence?	Yes	Option 3 aligns to the principles and aims detailed in the NHS Long Term Plan, the British Geriatric Society publication 'Right time, right place: Urgent community-based care for older people' and the Ageing Well programme.
Is it the best way to spend the Morecambe Bay pound?	Yes	Option 3 serves a wider group of the population and ensures the future resilience of community teams. Directs the greatest possible sum of money into community provision and allows for future flexibility.
Does it offer good patient experience?	Yes	We believe that this is the option that gives us the best chance of delivering the right care at the right time in the right place
Does it advance the integration agenda?	Yes	This option enables the greatest level of collaboration with wider partners

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



This chart shows that we would invest most of the budget in 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 can ring-fence some of the budget for a future community intravenous (IV) therapy service.

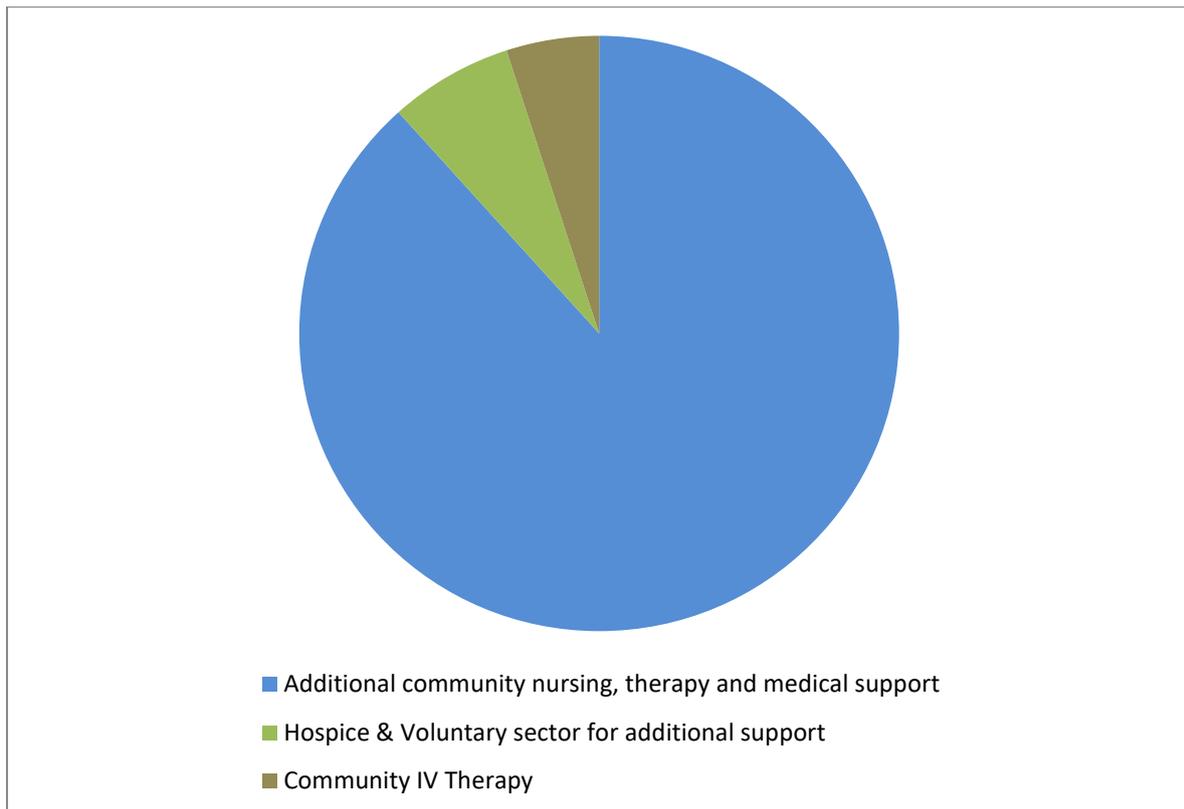
This option enables us to achieve the best number of staff assigned to community provision, allows for bed based end of life care and appropriate accommodation in the community for rehabilitation. It furthers our ambition around integration and improves our ability to invest and provide some financial stability for our local voluntary and charitable sector providers.

**Option 4 Close all Langdale Unit beds and re-provide all aspects in the community**

Requirements	Does option meet requirements : Yes / No / Partially	Comments
Does it meet the current need?	No	An absence of any bed-based care or accommodation for recovery and rehabilitation is a high-risk model and does not reflect the feedback we had from the 'Where would you like to be cared for?' engagement.

<b>Requirements</b>	<b>Does option meet requirements : Yes / No / Partially</b>	<b>Comments</b>
Meet future need?	No	Modelling from Carnall Farrar does include some bed-based care – eliminating it totally would be high risk and generate inefficiencies as well as the risk of unnecessary hospital admissions and breakdown of care at home.
Can it be staffed?	No	Whilst we expect that we would be able to staff the health care element of this, it will make more demands on domiciliary care and care home beds. There is an immediate and long term crisis in provision of domiciliary care in Cumbria which will take time to resolve.
Does it deliver the vision, i.e. Care closer to home	Partially	This model sees us attempting to provide the highest proportion of service to people in their own homes However, there is a risk that this may not always be safe because of lack of backup provision if home is ultimately unsuitable. The default option would then be admission for an acute spell, with wider risks and system impact
Is there strong clinical evidence?	No	All future modelling for this cohort of individuals references the need for 24-hour bed-based care.
Is it the best way to spend the Morecambe Bay pound?	No	There would be economic issues relating to the affordability of round the clock care in people's own homes. The housing stock in South Cumbria is not always accessible.
Does it offer good patient experience	Yes/ partially	There is a risk that this may not always be safe because of a lack of backup provision if home is ultimately unsuitable
Does it advance the integration agenda?	Yes	This option have the greatest level of collaboration with wider partners

<b>Number of beds in this option</b>	0
<b>Approximate number of people this option could care for, per year</b>	In excess of 3,172 patients at home, however a proportion of these may likely have longer length of stay in hospital.



This chart shows that we would invest most of the budget in recruiting at least 40 additional staff in the community to help us offer more nurse-led care in people's homes. We can ring-fence some of the budget for a future community intravenous (IV) therapy service.

### Pre-consultation process

Before embarking on the service change process, the CCG was required to undertake a stage 1 meeting with NHS England/ Improvement providing them with information on the service change proposal.

A pre-consultation business case was developed detailing the scope, outlining the vision and describing the options that the CCG sought to consult the public on. The team returned to NHSE for the Stage 2 assurance meeting on 21<sup>st</sup> October 2021 and received the agreement to go out to public consultation on 1<sup>st</sup> November 2021.

### Consultation Method

A short anonymous survey was carried out using SmartSurvey. Eleven questions plus eight demographic questions were asked and the survey was shared on social media, in public facing newsletters, to locally elected representatives and with members of staff working locally across Bay Health and Care Partner (BHCP) organisations.

### Communications and Engagement process

#### Pre-consultation communications

Before the consultation commenced, preliminary discussions were held with key stakeholders such as political representatives, local statutory and third sector providers, ICCs and the staff directly affected to raise awareness, capture feedback and ideas.

### **Main consultation period**

Communications and engagement activities were carried out to encourage participation in the consultation amongst staff, public, partners and the voluntary sector.

A suite of materials catered for individual preferences and accessibility needs. Each were available in hard copy, online and in braille and other languages upon request. These included:

- A detailed 16-page main consultation document
- A shorter eight-page summary consultation document
- An easy read consultation document

Respondents were encouraged to read the consultation document(s) and provide their views and additional ideas via an online or hard copy survey in standard or easy read format.

The consultation was disseminated widely amongst health, care, third sector organisations/ community groups and to the wider public through the media, social media, public events, directly via frontline staff and on the CCG and Lancashire and South Cumbria Health & Care Partnership websites.

Please see appendix 1 for a full description of the methodology undertaken to promote the consultation.

### **Consultation Results**

The consultation period asking the public ‘*Where would you like to be cared for in South Lakeland*’ commenced on Tuesday 16<sup>th</sup> November 2021, the survey was open for six weeks in total and closed on Friday 31<sup>st</sup> December 2021. During that period 168 responses to the consultation were received, 77 from health, social care or third sector staff and 91 from patients, carers and members of the public.

Of the 168 responses, 49% of respondents preferred option three which would re-distribute the full resource into community staffing and include a range of complementary services.

<b>Which option do you prefer most?</b>	<b>Responses</b>
Option one Reopen the Langdale Unit and return to the way care was delivered there before it was temporarily closed in July 2020.	31
Option two Reopen eight beds at the Langdale Unit and use the remaining budget to provide some extra services in the community.	38

Option three Re-distribute full resource into community staffing and a range of complementary services. No Langdale Unit beds.	82
Option four Re-provide all elements of care in people's own homes.	17

Some of the reasons for people choosing option three are as follows:

“This [option] has been working well during the pandemic and it's important that people can receive the care they need as close to their own homes as possible where they feel more comfortable and safe.”

“The vast majority of people feel more at ease in their own homes and so probably gain independence after illness or a hospital stay quicker and more easily.”

“We believe that the full cost of bedded services being redistributed in the community is a more effective way of supporting more people. We agree older people are best cared for at home than in bedded units where this is possible and where care can be extended to 24 hours where that is required.”

“The Langdale Unit 'community hospital' model is outdated and inefficient. The cost of keeping one ward open is huge and only benefits a few patients at a time. An extended community, multidisciplinary service can provide medical, nursing, personal and therapy care to people in a timely manner and can work proactively to prevent unnecessary admissions to the acute hospitals and to ensure those who need admission, are admitted in a timely manner before they reach crisis point. Assessing people in their own homes is far more effective than on a hospital ward where it is impossible to get a true picture of a patient's environment, capabilities and support network.

Patients and relatives can be supported to ensure people can stay in their own homes if that is their preferred choice.”

## Emerging Themes

Responses to questions three, five, six and seven (free texts) were themed using a qualitative research approach. The text within responses to each question often contained multiple themes.

The key themes that emerged from the consultation are as follows together with a response for the executive to consider:

### 1. Workforce & System Capacity

The pressures across the entire health and care system (Social Care, Primary, Community & Secondary Care) were a big concern across the options and featured more than three times as often by those opting for option one – expressing that the current pressures would prevent radical redesign.

The ability to staff the redesign required in options three and four also featured quite heavily in people's responses. Workforce pressures have featured heavily in national reporting over the pandemic and concerns regarding these pressures to meet

current demand were replicated within the consultation responses – it was a real worry for people thinking about redesigned services and the idea that more people might be at home needing care and support.

People also expressed concern over being able to staff the social care roles that would be required to effectively support a redesigned model.

There was a near equal split with respondents suggesting that options three and four would increase admissions and delayed transfers of care within the acute hospital setting to those thinking that option three would reduce admissions, although some acknowledged that the broader social support described below would be essential in preventing these admissions.

### **Proposed Response**

This is a natural concern at the current time and in working up the plans we will work with providers and the County Council to try and address some of the long term issues which have faced the area in this regard. We will move to the new model as we are satisfied that the services are safe and it is sensible to do so and we develop criteria to help us do this. However, it should be remembered that at present the beds at Langdale are closed and some staff have been re-deployed but some of the funding remains attached to the vacant ward space and is not available to use for the purposes of supporting patients, staff or other stretched services at the current time

## **2. Geography and transport infrastructure**

Interfacing with system capacity was the geography and road infrastructure of South Lakeland with respondents querying whether options three or four could deliver the number of staff required to support people at home with the significant travel times impacting on caseloads and capacity to deliver.

As highlighted by the severe flooding recently and in recent years – business continuity/ contingency planning will need to be factored in to future plans to enable care in adverse circumstances.

However, some respondents opting for options three and four appreciated the opportunity to stay at home or being able to visit friends and family more easily if they were being cared for at home or closer to home. Lack of public transport in more rural areas were cited as one of the reasons for supporting the more community based options.

### **Proposed Response**

It is safe to say that the rural geography of South Lakes does not lend itself to easy travel and therefore management of services in all cases. However, the greater the range of services we can provide in the community the more opportunity there is to have a flexible workforce that can deliver to more diverse areas.

It is pleasing to see that respondents saw the benefits of being cared for at home close to friends and family and in the community they have lived in for many years and it also around these communities that we wish to build support and resilience which would then positively impact on the concern regarding what happens when significant adverse events happen in our rural geography.

### **3. Social Support**

Broader social support was highlighted as a key requirement in enabling delivery of options three and four. From domestic support for cooking, cleaning and shopping to services to reduce isolation and loneliness – these wider services were seen as essential to enable the redesign. Respondents also expressed concern about the lack of capacity in domiciliary care and shortages in rural areas.

In flagging the need for these broader services there was also concern expressed for those without social and/or family support together with the potential pressure that being cared for at home might place on families and unpaid carers.

#### **Proposed Response**

The response to both of the concerns raised above are important in this area as well and we will continue to work with our Local Authority colleagues to look to address these issues as part of the plan for implementation.

In addition we will continue to work with our Integrated Care Communities in South Lakes to develop neighbourhood networks that can support those without the support that families can bring.

### **4. Additional Services**

In addition to the social support services, respondents described more specialist services that would need to be more available to support any redesign of services:

- Increased end-of-life support, such as
  - hospice at home,
  - more hospice beds in South Lakeland
  - respite support for relatives/ carers
- Increased support for those living with/ supporting those with dementia:
  - increased capacity and more local specialist beds for dementia
  - rapid access to mental health services
  - respite support for relatives/ carers
- Night sitting/ 24-hour care available for patients without cancer or end-of-life
- 72-hour block 'live in' carers for an assessment period.
- Robust crisis care and reablement (with therapy input)
- Stroke services
  - Kendal-based team
  - Better access to Supportive Living for younger stroke patients
- Community transport (with enough capacity to provide transportation when it is required).

#### **Proposed Response**

End of life support is one of the key areas that has been targeted as part of this work as we recognise that the Langdale Unit has provided a place for this care when care at home is not an option and the Hospice beds are too far away for family. Option 3 set out to develop some bed-based capacity in a Care Home and some additional dedicated support from St John's Hospice in the form of Clinical Education - for that Care Home in the first instance and to the overall local system for South Lakeland

over time. We will also have the opportunity, with recent services changes at St. John's Hospice to incorporate more night sitting from the Hospice that will work closely with the improved capacity in overnight District Nursing.

With regard to Crisis Care we will be working with our Cumbria County Council colleagues to address this as provision of crisis care is key to the delivery of good support to avoid admission.

Support for people with dementia and carers we are aware is an area of difficulty for the whole of Morecambe Bay, but whilst some patients with dementia may have spent some time on the Langdale Unit that would not have been their primary reason for admission there. We will ensure that services developed at able to make reasonable adjustments to support those patients with dementia to access the new services where it is safe to do so, but we will also continue to work with colleagues in the main provider; Lancashire and South Cumbria Foundation Trust regarding improving services for people with dementia and supporting their carers.

## **5. Quality of care**

Respondents worried about the use of other providers to provide rehab and end-of-life beds and asked how quality of care would be monitored.

Respondents expressed concern that an 'in reach' model into non-NHS units might lead to the patient deconditioning, extending the length of rehab required and potentially increasing future care and support needs.

Out of 99 respondents preferring option three or four, 40% mentioned that they felt people recover better at home and highlighted that for those living with dementia, staying at home is beneficial as they are less disorientated by a different environment – "Patients need familiarity when recovering, also keeps non-acute hospitals for what they are meant to be used for"

While acknowledging that being at home is many people's preferred place of care, some respondents flagged that the home environment might not necessarily be best for some individuals:

- That require sustained assessment,
- Where specific equipment is required and the home environment doesn't provide enough space
- With more complex needs especially for double-ups and night time needs.

## **Proposed Response**

There are a range of independent sector providers who currently provide services across Morecambe Bay and many of them provide good quality services. We will continue to monitor the quality of all providers so that patients good quality services.

## **6. Funding and Resources**

Respondents raised concern that if the budget currently assigned to the Langdale Unit was used within broader community services, irrespective of provider that services would then be spread within a much wider area. People asked whether the budget/ resource could be ring-fenced for the South Lakes area.

### **Proposed Response**

The Langdale Unit was used to support patients who predominantly live within South Lakes, but it did take a small number of patients from Lancaster and Morecambe and Furness. However, it is the intention of the CCG to use all of the funding from this redesign to support the population of South Lakes to improve the diversification of services for that area.

### **Recommendations**

The Governing Body is asked to:

- Note the outcome of the consultation and the identification of option 3 as the preferred option.
- Note the concerns raised and the mitigations required to manage these risks.
- Note the proposed responses to the summary concerns and add any further comment support the plan development.
- Authorise the CCG to proceed with operationalising Option 3, working with the current provider, University Hospitals of Morecambe Bay Integrated Community Care Group, Cumbria County Council Adult Social Care and the Local Medical Committee on how we move incrementally and safely towards an optimal service model that best meets the needs of the local population taking into account the concerns raised the necessary mitigations.

The progression of the work will include communication with the Cumbria Health Overview and Scrutiny Committee and NHS England.

## Appendix 1 - Communications and Engagement methodology

### Pre-consultation communications

Meetings were held with the following key stakeholders seeking their perspectives and suggestions.

These included:

- Attendance at Cumbria Health Overview and Scrutiny Committee 21.07.2021
- Two engagement sessions with Langdale Unit staff – 9.9.2021 and 26.11.2021
- Virtual meeting with South Lakeland MP, Tim Farron on 13.10.2021
- Virtual meeting with Patricia Bell, Cumbria County Council Cabinet Member for Health and Care Services on 27.10.2021
- The draft communications plan was shared with the Cumbria County Council Health Overview and Scrutiny Committee (HOSC) via its lead officer, inviting members' feedback on the planned consultation approach 16.11.2021
- Discussion with Age UK South Lakeland 12.12.2021
- Regular, ongoing discussions with Adult Social Care colleagues at Cumbria County Council
- Discussion with Stroke Association 19.10.2021
- East Integrated Care Community – attendance at meeting on 11.10.2021
- Kendal Integrated Care Community - attendance at meeting on 06.10.2021
- Kendal Primary Care Network – attendance at meeting on 27.10.2021
- Grange and Lakes Integrated Care Community meeting on 03.11.2021

### Main consultation period

#### Methodology

To help organisations share information about the consultation, communications packs were created which included a news release, suggested newsletter and social media articles, and posters for print and digital screens.

Communication was also issued to traditionally hard to reach groups, including women's refuges, homeless charities and farmers' organisations.

#### Internal communications

- Two virtual online engagement sessions were an opportunity for Langdale Unit staff to ask questions
- Information was shared via the UHMB internal communications bulletin and twice via the Morecambe Bay CCG internal communications update
- A presentation to colleagues during a MBCCG virtual staff briefing provided a mid-point update on the consultation so far
- Information was issued to Bay Health and Care Partners
- Posters were created for staff and public areas across UHMB sites
- Midpoint updates were provided to key colleagues in at NHS England (NW), the ICB, MBCCG and UHMB and New Hospitals Programme

### Health and care partners

- Health and care partners were encouraged to discuss proposals and share feedback via a range of channels:
- Phone conversations and email information to key contacts at St John's and St Mary's Hospices
- Direct emails to care homes in South Lakeland and information in the MBCCG fortnightly Regulated Care Bulletin
- Presentations and question and answer sessions with Integrated Care Communities in South Lakeland
- Virtual meetings with Primary Care Networks in South Lakeland
- A meeting with Morecambe Bay Local Medical Council
- An article and comms pack was shared with GPs and practice managers via the MBCCG GP bulletin

### **Community and voluntary organisations**

Communication via partner organisation was essential to reach people who were likely to have a strong interest in the proposals, and helped us to amplify our message with new audiences who might not engage directly with the NHS.

To reach a diverse public audience, a range of digital, print and face-to-face communications were delivered:

- Social media posts, email communications and information on NHS and partner websites catered for those who used the internet.
- A media release secured balanced coverage in the [Westmorland Gazette](#), [The Mail \(Barrow\)](#) and [Cumbria Crack](#).
- A stand in a Kendal shopping centre allowed us to engage people who might not use the internet
- Print copies of the easy read document, together with Freepost addressed envelopes were sent to district nurse and therapy teams in South Lakeland for them to share with housebound patients

### **Face-to-face events and the impact of COVID-19**

As the consultation progressed, the rate of COVID-19 infections nationally and in South Lakeland increased dramatically, so a balance had to be found between reaching people who may not have found out about the consultation in other ways and avoiding situations that might put the public and colleagues at risk.

It was therefore decided that one in-person event would be held in a public location in Westmorland Shopping Centre, Kendal. The site offered a large and well-ventilated space with continuous footfall throughout the day, with the team choosing a position near the vaccination centre.

**Stakeholders directly informed about the consultation, via email, phone, virtual meeting or in-person as appropriate are as follows:**

#### **Political representatives**

- Cumbria County Council members and officers including:
- The Leader and Deputy Leader
- HOSC Members and Lead Officer
- Cabinet Member for Health and Care Services

- Communications colleagues
- Local area teams
- Adult Social Care Directors and officers
- Political group officers for circulation to other members
- The chief executives and leaders of South Lakeland District Council, Eden District Council and Barrow Borough Council
- The Cumbria Association of Local Councils which represents parish and town councils in the county

### **Partner organisations**

- Rural communities, via Lake District Farmers and Women's Institutes
- Unemployed people: via local charity Right2Work and South Lakeland Community Learning and Skills
- Victims of domestic abuse, via Springfield Domestica Abuse Support in South Lakeland

### **Local voluntary and charitable organisations**

- South Lakeland Carers and Furness Carers
- Dignity in Dementia
- Action with Communities (ACT) in South Lakeland
- Catholic Parishes in South Cumbria
- Alzheimer's society
- Barrow Blind Society
- Age UK South Lakeland
- The Stroke Association
- Cumbria Community Foundation
- Cumbria Deaf Association
- Cancer Care
- Move it or Lose it South Lakeland
- Sight Advice South Lakes
- Cumbria DeafVision
- Lakeside YMCA
- The Oaklea Trust
- South Lakes U3A
- Carer Support South Lakes
- Active Cumbria
- Light up Lives South Lakeland
- Women's Institutes in Cumbria

## Appendix 2 – Response breakdown by preferred option, location and age

	<b>Q4. Are you a:</b>	<b>Responses</b>	<b>Q11. Please tell us which area you live in by selecting the town closest to you:</b>	<b>Responses</b>	<b>Q12. How old are you?</b>	<b>Responses</b>
	<b>Option 1</b>	Carer	5	Barrow and Millom	0	25-34
Carer & Health or Care staff		1	Ulverston, Dalton and Askam	1	35-44	5
Carer, Patient & former NHS staff		0	Grange and the Lakes	6	45-54	8
Community representative (e.g. a councillor)		2	Kendal	16	55-64	7
Health or social care staff		14	Sedbergh	0	65-74	2
Health or social care staff & Member of the public		0	Kirby Lonsdale and Eastern Lancs	1	75-84	2
Member of the public		7	Carnforth	2	85 or over	0
NHS Foundation Trust Governor		0	Lancaster	3	Prefer not to say	6
Patient		1	Morecambe	0		
Prefer not to say		1	I live outside Morecambe Bay	1		
Representative of third sector or voluntary organisation		0	Prefer not to say	1		
<b>Option 2</b>	<b>Q4. Are you a:</b>	<b>Responses</b>	<b>Q11. Please tell us which area you live in by selecting the town closest to you:</b>	<b>Responses</b>	<b>Q12. How old are you?</b>	<b>Responses</b>
	Carer	0	Barrow and Millom	1	25-34	3
	Carer & Health or Care staff	0	Ulverston, Dalton and Askam	5	35-44	3
	Carer, Patient & former NHS staff	0	Grange and the Lakes	2	45-54	11
	Community representative (e.g. a councillor)	0	Kendal	16	55-64	12
	Health or social care staff	19	Sedbergh	0	65-74	4
	Health or social care staff & Member of the public	0	Kirby Lonsdale and Eastern Lancs	3	75-84	3
	Member of the public	14	Carnforth	2	85 or over	1
	NHS Foundation Trust Governor	0	Lancaster	5	Prefer not to say	1
	Patient	1	Morecambe	1		
	Prefer not to say	2	I live outside Morecambe Bay	2		
Representative of third sector or voluntary organisation	2	Prefer not to say	1			

## Appendix 2 – Response breakdown by preferred option, location and age

Option 3	Q4. Are you a:	Responses	Q11. Please tell us which area you live in by selecting the town closest to you:	Responses	Q12. How old are you?	Responses
	Carer	4	Barrow and Millom	5	25-34	3
	Carer & Health or Care staff	0	Ulverston, Dalton and Askam	10	35-44	12
	Carer, Patient & former NHS staff	2	Grange and the Lakes	8	45-54	9
	Community representative (e.g. a councillor)	3	Kendal	32	55-64	20
	Health or social care staff	27	Sedbergh	3	65-74	18
	Health or social care staff & Member of the public	1	Kirby Lonsdale and Eastern Lancs	7	75-84	11
	Member of the public	40	Carnforth	6	85 or over	0
	NHS Foundation Trust Governor	0	Lancaster	7	Prefer not to say	9
	Patient	0	Morecambe	1		
	Prefer not to say	2	I live outside Morecambe Bay	1		
Representative of third sector or voluntary organisation	3	Prefer not to say	2			
Option 4	Q4. Are you a:	Responses	Q11. Please tell us which area you live in by selecting the town closest to you:	Responses	Q12. How old are you?	Responses
	Carer	0	Barrow and Millom	1	25-34	1
	Carer & Health or Care staff	0	Ulverston, Dalton and Askam	1	35-44	0
	Carer, Patient & former NHS staff	0	Grange and the Lakes	0	45-54	2
	Community representative (e.g. a councillor)	1	Kendal	9	55-64	3
	Health or social care staff	4	Sedbergh	0	65-74	6
	Health or social care staff & Member of the public	0	Kirby Lonsdale and Eastern Lancs	1	75-84	3
	Member of the public	10	Carnforth	2	85 or over	2
	NHS Foundation Trust Governor	1	Lancaster	2	Prefer not to say	0
	Patient	1	Morecambe	1		
	Prefer not to say	0	I live outside Morecambe Bay	0		
Representative of third sector or voluntary organisation	0	Prefer not to say	0			