

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

**Meeting Date:** 28<sup>th</sup> February 2018

**Title and Author of Paper:** Closure of Craster Day Hospital  
Jose Robe – Associate Director, Community North CBU

**Executive Lead:** Gary O’Hare – Executive Director of Nursing & Chief Operating Officer

**Paper for Debate, Decision or Information:** Information and Decision

**Key Points to Note:**

- This business case seeks approval for the closure of Day Services provided from Craster and transfer associated resource into the Community Treatment Team to provide an enhanced ‘step up’ service from the community.
- There have been significant changes to the model of delivery of Day Hospitals over recent years resulting in Craster’s operational days reducing from 5 to 2, which has led to some of the original Day Hospital resource already transferring to the community to deliver services from there.
- Patients have now transitioned out of the Day Hospital service and alternative appropriate provision has been identified to meet any on-going needs.
- Discussions with Northumberland CCG are on-going in relation to funds to be released from the closure.

**Risks Highlighted to Board:**

Key risks are financial and contractual

**Does this affect any Board Assurance Framework/Corporate Risks?**

No

**Equal Opportunities, Legal and Other Implications:**

N/A

**Outcome Required:**

Board approval to formally close Craster Day Hospital

**Link to Policies and Strategies:**

Trust Strategy

# Summary Business Case

Project Title: Closure of Craster Day Hospital	
<b>Targeted area for improvement</b>	Closure of Day Services provided from Craster and transfer associated resource into the Community Treatment Team to provide an enhanced 'step up' service from the community.
<b>Service / Group</b>	Community Services CBU / North Locality Care Group
<b>Project Lead</b>	Russell Patton – Group Director, North Locality Care Group
<b>Author(s)</b>	Jose Robe – Associate Director, Community North CBU
<b>Date of completion</b>	January 2018
Project Details	
<b>Background to Case of Need</b>	<p>In August 2014 phase 2 of the Community Transformation Programme commenced in Northumberland and North Tyneside as part of the wider Principle Community Pathway Programme (PCP). This included a series of model workshops of which the future model for Day Hospitals was one. This work concluded that a phased approach was to be taken to the redesign of the Older Adult Pathway with the focus being on developing a stand alone Memory Management Service (as per CCG direction) before any changes to the Day Hospital provision are considered.</p> <p>In November 2015 a staff consultation was launched in relation to this programme of work with staff consulted on potential changes to their hours of working, staff base and roles. This was followed in early 2016 by a Trust wide Day Hospital workshop, which reviewed all models and considered their functions against those identified within the last national paper on day hospitals produced in 2008 by the Royal College of Psychiatrists.</p> <p>Specifically in terms of provision, the Northumberland older adult's pathway has previously included Craster Day Hospital based at St Georges Park (SGP), and two North Northumberland Day Hospitals based within Alnwick and Berwick Infirmarys respectively. Craster's opening hours were 10.30am – 3.30pm 5 days per week Monday to Friday (4 functional and 1 organic day) and the North Day Hospitals offered a service one day per week each. There has never been a Day Hospital provision in the west of the County.</p> <p>The Day Hospitals role and function has been evolving over the past few years to reflect changes in health and social care provision, moving to a more health based assessment and monitoring function for patients with organic and dementing disorders along with those with other types of mental illness as opposed to the quality of life, socialisation and support services offered by Social Care Day Services.</p> <p>The traditional buildings based model of day hospital provision limits the accessibility of the service to a wider population, and is restricted by the number of places available as well as difficulties with transport around a large geographical area. Whilst it allows for multi-disciplinary review and management to take place for those patients attending, the Day Hospital is unable to provide support to patients whose needs may be best met in their own home or in the wider community.</p>

	<p>In April 2016, a review of the North Day Hospitals clients attending led to the agreement that, for the small numbers of patients attending one day per week (7 in Berwick and 4 in Alnwick), the individual's needs could be met by the existing Community Treatment Team (CTT) staff and the North days hospitals ceased to operate in a building based model from January 2017. The step up function has since been provided from within the Alnwick and Berwick CMHT's.</p> <p>Craster has remained under review as a building based service as detailed further in this document and the outcome of this work is the subject of this paper.</p>
<p><b>Strategic Fit</b></p>	<p>Broader community pathway model work has already been undertaken to develop the community team provision in the North as in the South of the region. This has included integrating the former Craster workforce into the wider CTT to form a step up team to provide intensive input for Older Adults, consisting of:</p> <ul style="list-style-type: none"> <li>• 1 to 1 care in a person's own home</li> <li>• More intensive Positive Behaviour Support provided by Challenging Behaviour Teams in the CTT and working into Care Homes to support teams with interventions to manage behaviour to prevent admission to hospital and into Woodhorn ward to support the team in the management of challenging behaviours that prevent earlier discharge taking place</li> </ul> <p>This proposal will further enhance the development of the first two elements of the step up team as outlined above. It will strengthen the push to develop a resource in the community that can provide a range of step up interventions closer to the patient, be that in a person's own home, care home or CTT team base.</p>
<p><b>The Case for Change</b></p>	<p>Craster Day Hospital is a community service based at SGP. There have been significant changes to model of delivery of Day Hospitals over recent years. Craster was formally a 5 day a week service before having its operational hours reduced first to 3 days a week then to 2 days a week in 2016, with a mixed attendance each day from patients with functional and organic disorders. The service is currently open to patients on a Monday and Friday and provides up to 20 places per day for older adults with mental health difficulties, physical health and frailty issues and complex memory problems.</p> <p>The temporary reduction in the days Craster is open allows the staff currently working into the Day Hospital to start to assimilate into the CTT, and give them the opportunity to develop their skills and experience as part of the wider team function. It also allows for the wider ongoing review of all patients' needs to continue and provide an opportunity for a community based step up function to be provided on the two days that Craster was not operational. This included supporting the discharge planning process for those patients currently attending Craster and any new patients referred from the wards who require step down support.</p> <p>The reduction in days that the Craster service is operational does not represent a reduction in the provision of services in Northumberland.</p>

The same level of resource is still used to deliver the service, it is just delivered in a different setting (i.e. within the wider community rather than a Day Hospital setting).

Since November 2017 an additional function has been created which has seen an outreach function from Woodhorn ward. This occurred following an investment of £165,870 from Northumberland CCG to support the reduction in organic beds. This team has four full time members of staff and is to be named the “Intensive Response Team” with a remit to work with care homes to prevent avoidable admission to hospital, review potential admissions to hospital in order to consider alternatives to admission and assisting with discharge planning to ensure smooth and timely transition.

Maintaining Craster Day Hospital in a buildings based model isn’t felt to be a sustainable option hence this proposal to close Craster Day Hospital and deliver more community based infrastructure in a more sustainable and clinically appropriate model.

**Description of Options reviewed**

**Option 1 - Do nothing**

Advantages	Disadvantages	Viable Option
<ul style="list-style-type: none"> <li>No disruption to the current service users / staff / commissioning arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Service provision will be misaligned to Trust, Commissioner and wider care provision strategies</li> </ul>	No

**Option 2 - Closure of day services provided from Craster and transfer associated resource into the CTT to provide an enhanced ‘step up’ service from the community**

Advantages	Disadvantages	Viable Option
<ul style="list-style-type: none"> <li>The Trust will be divesting itself of a service that is not aligned to its overall business strategy</li> <li>Trust will be able to provide an enhanced service to patients in the community compared to that they received in a Day Hospital</li> <li>Opportunities to widen the skill set and experience of all the staff across the pathway regarding all components of the model delivery</li> <li>Save money through the reduced ambulance costs from NEAS (following agreed termination of the SLA on 31<sup>st</sup> March 2018)</li> </ul>	<ul style="list-style-type: none"> <li>Plans to divest from the service and potentially not provide a traditional buildings based service may be unpopular with staff, service users and carers</li> <li>Potential financial cost to the Trust of divesting from the service</li> </ul>	Yes

**Outline of Preferred Option / Proposal**

The newly developed model for service delivery in the community

	<p>includes a step up function, which will provide an enhanced response to patients who have an increased level of need which cannot be easily met by their care team within the CMHT without the disruption of planned work.</p> <p>With no additional resource, the function needs to be provided from within the existing staffing resource of the older adult's pathway. Following the reviews of Day Hospital provision outlined in this paper thus far it is proposed to adapt the nature of this provision and deliver it from the CTT in order to support the delivery of the step up function in Northumberland. To enable this it is proposed to close Craster Day Hospital and assimilate the staff into the community team resource so they are not operating as a standalone service but are an integral part of the older adult's pathway.</p> <p>The resulting step up function will encompass a wider range of clinical interventions than are currently provided within the day hospitals, for example working into care settings to support the work of the challenging behaviour service with patients with organic and other dementing disorders, increasing the level of contact with patients in their own home in response to a change in their clinical presentation, and working with patients in the community to undertake behavioural activation for example.</p> <p>When Craster's operational days reduced to 2 per week, some staff transferred into the CTT to support delivery of an enhanced step up service in other community settings. It is envisaged that the remaining staff working into Craster Day Hospital will also transfer upon closure of the Day Hospital.</p>
<p><b>Outline of Benefits, Outcomes and Impact</b></p> <p><b>(Include baseline position, any metrics expected to improve as a result of the proposal etc.)</b></p>	<p>Having the extended step up function in the community provides service users with an enhanced service compared to that which they would receive in a Day Hospital.</p> <p>Some specific benefits of the proposal include:</p> <ul style="list-style-type: none"> <li>• Increased resources available within the CTT to develop the step up function which would not be possible without this staff resource being available. Step up staff can support a more specialist assessment in an environment different to the persons own home or care home. In addition the staff can observe behaviours and introduce interventions that can support the individual and carers and lead to more positive behaviours being displayed. This can also involve the individual being supported in an environment away from the home to enable the practitioner to assess carer fatigue and resilience</li> <li>• Opportunities to widen the skill set and experience of all the staff across the pathway regarding all components of the model delivery</li> <li>• Reduced ambulance costs with NEAS (following agreed termination of the SLA on 31<sup>st</sup> March 2018)</li> <li>• Improved management of clinical cases with more integrated working across the pathway</li> </ul>

<b>Contribution towards requisite quality standards / targets</b>			
<b>Quality Impacts</b>			
<b>Safety</b>	<b>Clinical Effectiveness</b>	<b>Patient Experience</b>	<b>General</b>
N/A	<ul style="list-style-type: none"> <li>• Enhanced community resource with ability to provide more specialist assessments and interventions delivered from a range of different environments</li> <li>• More cohesive working between all of the elements of step up provision</li> <li>• Focused and time limited interventions at the times of greatest need with an emphasis on health and social care staff working together in the wrap around model</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced travel for patients with access to care available closer to, or within home environment</li> <li>• More flexible delivery of enhanced interventions at different times/days and duration, which are not bound by fixed transport arrangements. For example – having to attend the day hospital from 10-3 because of limitations of conveyancing arrangements with NEAS transport times</li> </ul>	N/A
<b>Resource Requirements and Risks</b>			
<b>Outline Resources Required</b>	<b>Staffing</b>		
	The current Day Hospital services are provided on an in-reach basis by staff that have substantive posts within Older Peoples Community Services. The potential closure of Craster will enable them to provide greater levels of community input to this cohort of patients.		
	<b>Estates</b>		
	PFI costs of £375k per annum that will still need to be covered		
<b>IMT</b>			
N/A			
<b>Non Staff Costs</b>			
Transport has been provided with a combination of dedicated vehicles, ambulance and taxi via NEAS on a block contract arrangement. Discussions have already been held with NEAS and it has been agreed that the SLA with them will be terminated on 31 <sup>st</sup> March 2018.			

	<b>Pharmacy</b>	
	N/A	
<b>Interdependencies</b>	N/A	
<b>Risks and Mitigations</b>	<b>Risks</b>	<b>Mitigations</b>
	Financial risk from day hospital service retraction as CCG are expecting savings from closure	<ul style="list-style-type: none"> <li>• Maintain dialogue with CCG to ensure expectations of funding returned to the CCG are aligned and managed</li> <li>• Ensure that liability for covering PFI costs of Craster footprint continue to be met by the CCG to minimise the financial risk of the Craster footprint being empty initially</li> <li>• Ensure commissioners fully understand and are bought into the model of service delivery moving into the community</li> </ul>

## Finance

The income received by the Trust for provision of the Northumberland Day Hospital service totals £1.3m including a budget of £545k for Direct Costs. The financial position of the existing service is set out below: -

	£'000
Income	-1,269
Direct Day Hospital Costs	545
Indirect and Other	
Support Costs	327
PFI Cost	<u>375</u>
Total Cost	1247
<b>Surplus</b>	<b>-22</b>
	<b>1.8%</b>

The preferred option of a transition to a Step up service in the community would see the Trust retain the existing income to deliver the full service from a community setting and receive continued funding for the PFI costs of St George's Park and other support costs.

However, the CCG is looking for savings from the closure of the Day Hospital. So a key risk is the CCG's willingness to accept that the service will continue to be provided in the community as this would limit the Trust being able to release any cost savings back to the CCG as a result of the Day Hospital closing.

In line with the changing model of service provision, approx. £190k of this year's direct budget will be spent delivering a Day Hospital service in 2017/18 with the remaining £360k spent delivering the extended step up function in the community.

Negotiation is required with the CCG over the Trust's ability to release any direct, indirect and support cost savings from the closure.

In summary, the 'best' case scenario for the Trust from this closure will be a limited financial impact due to retention of the income from the CCG to deliver the service differently via the enhanced community team and agreement from the CCG to continue to cover the PFI costs of the building whilst it is empty.

At the other end of the spectrum, the CCG could withdraw all the income, which would mean the community step up service would have to cease and there would be a financial hit to the Trust bottom line from Craster's PFI costs and other support costs of circa £700k.

A financial priority for the organisation needs to be a strategy to fully utilise the PFI site at St George's Park.

### **Financial impact on clinical service contracts**

Financial impact to be confirmed through further discussions with Northumberland CCG

### **Proposed Timetable / Implementation Plan**

Patients have already been transitioned out of the Day Hospital service and a decommissioning plan is in place to be executed upon approval of this business case

### **Approvals (date)**

<b>Operational Lead</b>	January 2018
<b>Project Sponsor</b>	January 2018
<b>CDT</b>	12 February 2018
<b>Commissioners (if impacting on contracts)</b>	