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DATE: 1 November 2012

OUR REF:

YOUR REF:

Dear Councillor

HEALTH AND WELLBEING SCRUTINY COMMITTEE - THURSDAY, 8TH NOVEMBER, 2012

I am now able to enclose, for consideration at next week's meeting of the Health and Wellbeing Scrutiny on Thursday, 8th November, 2012, the following report that was unavailable when the agenda was printed.

Agenda Item 6

Closure of Tatton Ward, Knutsford Hospital (Pages 1 - 6)

Report of
Val Aherne, Director of Strategy and Deputy Chief Executive Officer, to
report on the Tatton Ward, Knutsford Hospital.

Yours sincerely

Denise French
Democratic Services Officer

Encs

Agenda Item Number 7: TB 12 (27)

TRUST BOARD
29 March 2012

Report of : Responsible Officer - Accountable Officer -	Val Aherne Director of Strategy
Author of Report:	Val Aherne Director of Strategy
Subject/Title:	Tatton Ward
Background papers (if relevant):	
Purpose of Paper:	Update to the Board and decision re Tatton ward
Action/Decision required:	Decision to move to consultation re the permanent closure of Tatton ward
Identify NHSLA and CQC Standards to which this report relates:	
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Fits the Service and Financial Plan for 12/13 and the draft 5 year Integrated Business Plan. Is in line with the Trust Objectives to improve quality, maintain financial stability and move towards integrated health and social care.
Resource impact:	
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	ECT – East Cheshire Trust ECCGp – Eastern Cheshire Clinical Commissioning Group PCT – Primary Care Trust GP – General Practitioner KAFKA – Knutsford Area For Knutsford Action OSC – Overview and Scrutiny Committee

1. Purpose

To update East Cheshire NHS Trust (ECT) Board on the Health and Social Care strategic developments in Knutsford and to recommend the next actions in relation to the 18 Intermediate Care beds provided at Tatton Unit of the Knutsford District and Community Hospital.

2. Executive Summary

2.2 The ECT Trust Board took the decision in September 2010 to participate in the vision to transform health and social care in Knutsford. The work is being led by clinicians and supported by the Primary Care Trust cluster and Eastern Cheshire Clinical Commissioning Group (ECCGp). The ECT Board is committed to this vision and has been working with partners to refine it. The clinical pathway work is being led by the Medical Director. The participation of all three General Practices in the combined estate solution would be the ideal and these negotiations are complex and have taken time, they are due to be completed by 31 March 2012. ECT Board has been kept updated of the project and its risks and emerging issues.

2.3 In addition in August 2010 the Medical Business Unit recommended the temporary closure of Tatton Unit at Knutsford District and Community Hospital. The recommendation in 2010 was due to the inability to recruit an appropriate senior clinician. Patients were moved to the Langley Unit of Macclesfield District General Hospital. The facility provides a superior environment and improved access to therapy. ECT Board acknowledged the inconvenience and potential hardship to patients and carers who would need to travel from Knutsford.

2.4 ECT Board has been informed of the financial cost of reopening Tatton Unit these are considerable and are not part of the financial plan for 2012/13.

2.5 This paper recommends that ECT Board move to formal consultation on the permanent closure of Tatton Unit at Knutsford District and Community hospital. The consultation will be set in the context that we expect the vision for health and social care in Knutsford to be implemented which is likely to provide intermediate care facilities and therefore replace the Tatton Unit facilities.

2.6 The other existing services provided at the Community Hospital which include a wide range of community services and specialist outpatient facilities have not been and will not be affected by this consultation.

3. The Vision for Health and Social Care for the people of Knutsford

3.1 East Cheshire NHS Trust is one of several Health and Social Care partners whose combined vision is to transform the services in Knutsford into services that are fit for today's demands and can be afforded in today's financial context. In brief the vision will ensure that primary and secondary care clinicians are working in a local team to promote health, prevent illness and aid the management of existing long term conditions for example heart disease, diabetes, respiratory illness. The expected benefits of this approach will mean healthier patients, greater independence and less hospitalisation. The proposed approach is in line with the strategic commissioning intentions of the Eastern Cheshire Clinical Commissioning Group and the Clinical Strategy of the East Cheshire NHS Trust.

3.2 In addition the vision involves re-providing the health services accommodation in order that it is fit for purpose. This will facilitate shared team accommodation for health and social care staff. The ECCGp and ECT have supported the development of clinical care pathways by dedicating resources to this as a priority.

3.3 There are a number of risks to the delivery of this vision, to most, if not all of the organisations involved, these have been discussed in earlier papers. The Primary Care Cluster is managing the project on behalf of the NHS, the partners are ECT, 3 Knutsford GP practices, Eastern Cheshire Clinical Commissioning Group and Cheshire East Council. By the 31 March 2012 the GPs will have signed an inter- practice agreement which will be the basis of entry into the wider agreement. The remaining partners have signed a memorandum of understanding that indicates their commitment to the project.

4. Background to the temporary closure of Tatton Unit at Knutsford District and Community Hospital

4.1 The Board took the decision at the September 2010 meeting to proceed to a temporary closure of Tatton Unit at Knutsford District and Community Hospital. In summary the initial reason for the temporary closure was the inability to maintain safe services due to lack of senior medical cover. All other community and specialist outpatient services have remained open throughout the period.



- 4.2 The historical context of services in Knutsford is of relevance. Firstly East Cheshire NHS Trust had achieved preferred bidder status for the re-provision of Intermediate Care Services. This involved an enhanced specification and increased numbers of beds and patients related to the expected increase in demand due to a growing older population. This development was deferred by Central and Eastern Cheshire PCT during 2010-11. In addition the re-provision of the facilities and services of the 3 GP practices in Knutsford was also deferred. It had been anticipated that the re-provision of the Intermediate Care beds would be physically linked to the primary care development. The deferment of both projects was taken near the completion of the planning stage when a vast amount of public consultation had taken place and expectations raised both of the public and the staff and this organisation. Much time and money had been spent by ECT in preparing and winning the Intermediate Care bid and in aiding the planning of the primary care facility.
- 4.3 Patients who would have received services at Knutsford are accommodated in the Langley Unit. The ward offers a significantly superior environment and increased access to therapy services. The clinical staff have made the most of the temporary solution and have strengthened our delivery of intermediate care on the Macclesfield District General Hospital site. By doing so they have reduced the length of stay in a hospital bed, when appropriate, thereby improving the chances of the patient returning to an independent life. To date there have been no formal complaints re patient and carer satisfaction in relation to the re-provided facilities as always there have been numerous compliments relating to the Langley Unit (42 compliments since September 2010 to present).
- 4.4 Staff who have previously worked at Tatton Unit have received contracts of employment in other parts of the Trust. Although the closure had a temporary status the length of time that we had waited led the Business Unit to relocate staff in order to provide the best possible care for patients and certainty for staff.
- 4.5 The building that houses Tatton Unit is owned by the Cheshire East Council and shared catering facilities with Bexton Court a social care facility. There are economies of scale in relation to the costs of providing services; Bexton Court has been temporarily closed for a similar period of time. In March 2012 the Cabinet of Cheshire East Council recommended the permanent closure of Bexton Court. The decision has been challenged by a small but significant number of Councillors. The result of this is that the decision will need to be taken to the Overview and Scrutiny Committee.
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4.6 There is understandable concern expressed from representatives of the Knutsford Town Plan that the temporary closure is causing hardship for those carers where transport is a difficulty. In addition a new organisation has emerged in Knutsford, KAFKA (Knutsford Area for Knutsford Action) which has indicated that in their view the Tatton Unit should reopen until the vision is confirmed and built.

5 Options

5.1 A decision needs to be made in order that the public are clear about the year ahead and the facilities to be provided at Knutsford District and Community Hospital and that the ECT Board is clear about the annual plan and the financial and service assumptions There are three options

1. Reopen the Tatton Unit
2. Close the ward permanently
3. Wait until the vision for the health and social care in Knutsford is finalised.

5.2 The following criteria are helpful in recommending a decision;

- Safety and quality of the service
- Confidence of the public in the East Cheshire NHS Trust i.e. ability to be open about decision making
- Satisfaction of the patients and their carers in the East Cheshire NHS Trust i.e. preferred solution
- Clarity about the future service configuration and the need to articulate this in the 5 year Integrated Business Plan
- Consistent with the strategic vision for Health and Social Care in Knutsford.
- Affordability

5.3 Re-open Tatton Unit

This option would be seen as a positive in terms of the public's confidence in our decision making and in providing local services that fit with the vision.

Given that the environment and access to therapies is of higher standard at the Macclesfield District General Hospital site it would be reducing the quality of services to be provided.

This option would result in a higher Cost Improvement Programme in order to deliver the 2012/13 service and financial plan due to £85K one off non-recurring costs that would be needed to return it to being fit for purpose and the recurring costs of £165K. It is therefore not consistent with the first year of our 5 year plan.

5.4 Close the Unit permanently

This option would give certainty for patients and carers. It would be made in the context of the expectation that the vision will be delivered. It maintains quality of services on the Macclesfield District General Hospital site and is affordable.

5.5 Delay the Decision

The delay in a decision has for the most part been connected to the progress of the Health and Social Care vision. To delay a decision further is a concern for ECT Board as we believe the right decision is to support the vision not to reopen a service that is not designed for the expectations and needs of the public and staff.

6 Recommendations

The East Cheshire NHS Trust Board make the recommendation to close the Tatton Unit permanently in line with our intention to contribute to the vision for health and social care in Knutsford. This recommendation will be taken to the Overview and Scrutiny (OSC) Committee where the appropriate level of consultation will be decided. Due to the national local election period the consultation will begin no earlier than Mid May 2012.

The issue of transport will be considered as part of the discussion at the OSC.

7 Risks

The recommendation to close the Unit permanently will go to the OSC. There is a potential that this will not be immediate and the consultation will be at the same time as the Foundation Trust consultation. There is every expectation that by this time we will be able to describe the next steps to achieving the vision. This will be a very useful and practical example of achieving the strategic vision of ECCGp and ECT.