

NORTH YORKSHIRE HEALTH OVERVIEW COMMITTEE 23rd June 2017

CASTLEBERG COMMUNITY HOSPITAL

Background:

April 2017: Estate issues resulting in patient safety concerns were raised by Airedale NHS Foundation Trust (ANHSFT), the provider of services at Castleberg Community Hospital. Following discussions with commissioners and with the approval of their Trust Board the facility was temporarily closed on 13 April 2017.

As the provider of services ANHSFT ultimately maintains responsibility for patient and staff safety. A robust risk assessment was undertaken prompted by a number of adverse incident reports relating to the infrastructure at the Castleberg site and two narrowly avoided evacuations of the inpatient beds during prolonged power failures. The valiant efforts of staff to maintain safe patient care during difficult circumstances was noted; however the impact of the increasing incidents was also impacting on staff morale.

Interim arrangements have been put in place during the temporary closure to support patients to be cared for at home or, working in close partnership with North Yorkshire County Council, to undertake a period of rehabilitation in a Local Authority Care Home in Gargrave. Where necessary, patients can be admitted to the Intermediate care ward at ANHSFT.

Ward staff from Castleberg have been redeployed into existing community nursing and intermediate care teams within the Craven locality, creating additional capacity, to enable the provision of more enhanced packages of care in community settings, including end of life care.

The CCG has a statutory duty to carry out public consultation to determine the future of the hospital.

The CCG as the responsible commissioner has, with partners, considered the need for public consultation, and how this can be undertaken. AWC CCG will lead the consultation on behalf of Morecambe Bay Clinical Commissioning Group for the Bentham population, in collaboration with ANHSFT and NHS Property Services.

The intended approach is to undertake early engagement to ensure the background leading to the decision to close temporarily is within the public domain and the cost and benefits of the options being consulted on are shared and can be scrutinised. This will inform the consultation and the options to be considered.

Consultation:

Three immediate options which the CCG Executive team has considered are set out in this document. Through discussion with stakeholders there will be opportunity to determine any additional alternatives during the pre-consultation activities.

Any options we put to the public for consultation should be realistic and affordable and the public response be taken into account when making future decisions.

The options to be considered are:

1. Keep Castleberg Community Hospital open.
2. Close Castleberg Community Hospital and provide care at home or in a community setting; for example in collaboration with North Yorkshire County Council in terms of integration.
3. Build/utilise an alternative facility.

We recognise that the pre-consultation activities may identify other options to take into account.

Approach to consultation:

Healthwatch has set out five steps to ensure local people have their say:

1. Set out the case for change so people understand the current situation and why things may need to be done differently.
2. Involve people from the start in coming up with potential solutions.
3. Understand who in your community will be affected by your proposals and find out what they think.
4. Give people enough time to consider your plans and provide feedback.
5. Explain how you have used people's feedback, the difference it made to the plans and how the impact of the changes will be monitored.

A critical component is early involvement of people in coming up with potential solutions. This will be undertaken during pre-consultation and with support from Healthwatch North Yorkshire.

The period leading up to pre-consultation will allow time for appraisal of the three options identified, for the pre-consultation activities to be organised and materials to be prepared and publicised. If any options subsequently prove to be unviable it is recommended that the reasons for excluding any option should be included in the consultation material.

Information and data will back up the options appraisal; this will include a summary of bed occupancy and utilisation rates and include patterns of admission from registered practices and an indication of individuals' home locations, which will inform the optimum base for any re-provision.

Following pre-consultation the options appraisal will be further developed if necessary to help inform the consultation options.

The outcome of the public consultation will be taken into account during CCG decision making and the future provision of care with a suitable estates solution.

High level timeline

- Tuesday 20th June: Deadline for information and data.
- By early July: Finalise options informed by the information and data, including NHS Property Services' economic review and prepare pre-consultation material.
- 17th July: Pre-consultation engagement to take place for 3 weeks.
- 7th August: Review outputs of engagement and take into account when finalising criteria and consultation material 4 weeks.
- 4th September: 12 week consultation period to begin.
- 4th December: Consultation to conclude.
- Early December: Appraise consultation outputs and prepare recommendation/s.
- 8th December: CCG Clinical Executive Group to review and approve recommendation.
- 9th January: The CCG Governing Body Committee in Common approves the decision recommended by the Clinical Executive Group.