

Vision for a healthier Ashfield

Background

Representatives of the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) have previously attended the Nottinghamshire Health Scrutiny Committee to describe the consultation relating to proposed changes at Ashfield Health Village (AHV). These focus on the clinical case for the relocation of the four wards at AHV, and the development of a range of new clinical services that will be developed and based at AHV to enable local people to have their needs met closer to home.

At the public meeting on 29 November 2012, the Joint PCT Board considered the analysis of the results of the full 90 day consultation, and they:

- **NOTED** the consultation feedback and next steps to refine the vision for AHV.
- **NOTED and COMMENTED** on the proposals for increased investment in services at the site, in line with local health needs.
- **APPROVED** the project management arrangements to ensure the delivery of the vision for Ashfield rests with the CCG.
- **NOTED** the plans for further public engagement in December.
- **NOTED** the transfer of the dementia wards in December 2012.
- **AGREED** to receive a further paper in January 2013, detailing the outcomes of the public events in December and overall plans for AHV services in the future. Action – Dr Amanda Sullivan

PCT Chairman Mr Buchanan said there was broad support for the proposals. The additional engagement events would allow further consideration of the new services and the moves of Chatsworth and Stroke rehab wards which will not take place until consultations have been completed.

This report provides an update on progress to date.

Relocation of the dementia wards

Nottinghamshire Healthcare Trust had declared their intention to move these wards throughout the overall consultation for Ashfield Health Village. This has now taken place.

Bronte ward (ward for people with dementia displaying challenging behaviours) relocated to Highbury Hospital on 30 November 2012. At that time there were only two patients on the ward – one from Newark and one from Ashfield – a further two patients had been discharged to nursing homes earlier that week. The families of both patients who transferred were offered taxi transport twice a week to help with visiting – this was accepted by one relative who lives in the Newark area. One of these patients has now been transferred to the new assessment ward at Kings Mill Hospital.

Since the transfer there has been one further patient admitted to the unit from Ashfield. The Trust has informed us that his wife is happy that he is on the Dementia Intensive Care Unit receiving the care he requires and she has not raised any concerns about travelling to the hospital.

Shelley ward (ward for the assessment of people with dementia) relocated to the newly refurbished ward at Kings Mill Hospital on 11 December 2012. The move of the six patients on the ward went very smoothly. Feedback from the ward manager has been very positive:

“The patients appear to have settled in well without any major issues and the environment seems to suit our client group much better, more room, more quiet areas, etc. We have received some positive comments from carers especially those who have previously visited on Shelley. The staff team all seem very positive and happy with the new ward / facilities.”

Transport issues

During the consultation issues relating to travel were raised - especially in connection to the relocation of Bronte ward to Bulwell. However concerns were raised generally regarding transport difficulties and costs even when services were a short distance away e.g. at Kings Mill Hospital.

The CCG's Citizens Reference Panel has also been discussing transport issues as they are aware that people can find travel to their own GP Practice difficult and sometimes pay for taxis journeys.

Within the Mansfield and Ashfield area there are a number of community/volunteer transport schemes that may be accessed to transport patients to health care appointments (see attached). The CCG is working with these providers to understand how best to make patients and their families aware of these schemes, whilst ensuring they have the capacity to respond. As the schemes rely mostly on volunteers, the CCG is exploring how it can help promote volunteering. It is expected that by April 2013, that there will be a sustainable agreed way forward that will promote the use of these existing transport schemes to local people to help with transport to health related appointments. There is a one off cost to users to register with these schemes but thereafter the cost is relatively low as it only covers re-imbursement of volunteers' expenses. The CCG will consider supporting these schemes if there is sufficient demand for the services

Proposed new developments at Ashfield Health Village

The proposal considered by the Joint PCT Board included investment of £1.6m in new services:

Service Description	New or improve/expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
<u>Services for older people</u> 'One Stop' service for older people	New: Approx 1800 patients per year	Reduce emergency hospital admissions for older people. Improve information and support available to older people, enabling better self-care management. Improve patient experience of access to care of the elderly services due to reduction in number of contacts on separate days. Improve access to the appropriate professionals.	490	Contract awarded in May 2013. Service commences July/August

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
<u>Support for people with dementia</u>				
Intermediate care	New: 180 patients and their families per year	Prevent avoidable admissions to hospital (acute & mental health) Support timely hospital discharge Prevent inappropriate admissions to long term care Prevent avoidable admissions to urgent short term care Improve access to memory assessment services Improve accommodation with enough rooms to enable people to be seen, including for follow-up support from the Alzheimer's society	531	April 2013
Memory clinics	Re design, expansion and relocation of existing service: Additional 559 patients per year	Provision of information and support and referral to other agencies as appropriate Improved overall patient and carer experience Reduction in crises and emergency admissions to hospital (over 5 years) Delay in admissions to care homes (over 5 years) Improve the quality of life and independence of vulnerable older people by supporting them. Keep people within their own homes for longer, supporting them	54	Full expansion completed April 2013

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
Memory Clinics (cont) Voluntary sector community support service	New at AHV Support 420 people per year	in their locality Support carers of people with dementia Offer a safe non-clinical space where people with dementia and their carers can express themselves and be listened to Share information and good practice about caring for people with dementia Offer a regular, structured event with activities Offer a safe non-clinical space where people with dementia can take part in activities and receive social stimulation enabling carers to take a break from caring for the person with dementia	32	July 2013
<u>Support for carers:</u> Increased breaks for carers	Expand and re-design	To provide additional opportunities for carers to have a break To work with the local community to find different ways to help carers to maintain their health and wellbeing	100	Immediate
<u>Support for young mothers:</u> Family Nurse Partnership	New Support for 75 first time young mothers at any one time	Improve pregnancy outcomes Improve child health and development Improve parents' economic self-sufficiency.	404	March 2013
Resource and information centre	New	Provide health information to public and staff including leaflets		TBC

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
		Enable staff and public to access other health information on the internet		

Initial design work is taking place to see how these new services would be best sited within AHV (see attached). It should be noted this work is at a very early stage and there will be several iterations of the plans to ensure that services are placed in the best location to ensure ease of access for patients whilst making sure that key functional and clinical relationships are addressed.

Further engagement with local people

Further public engagement has been undertaken to obtain the views of local people on the proposals outlined above and identify further services that local people would like to see delivered from AHV, and to help determine the optimal opening times for AHV. The financial evaluation demonstrated that services operating five days per week at AHV releases the maximum amount of revenue funding for re-investment in community based services to meet the health needs of people in Ashfield. If the site were to be in use seven days per week, the savings are reduced by £140k. It is important that savings are maximised and used where they will have greatest benefit to local people. Therefore the further engagement asked local people whether the additional £140k of potential savings would be better spent opening AHV at weekends or by using the money elsewhere. It should be noted that the £140k reflects only the costs of opening the building – heating lighting, support services etc – and does not fund the delivery of any direct patient services

There were two engagement events organised:

- 12 December from 4 – 8pm at Summit Centre, Kirkby in Ashfield
- 13 December from 10 – 4pm at the Civic Centre, Mansfield

These were Big Health Forum events for people to deliberate on the priority areas to be addressed by the CCG in 2013/14, and 'vote' for their preferred areas of spend, as well as commenting on the issues relating to AHV specifically. Both events were well publicised in the local media and on the website but unfortunately the turnout was low.

With regard to the question of five or seven day opening, some respondents clearly felt AHV should be a 24-hour 365-day hospital facility. However some respondents preferred that more direct patient care was provided over 5 days with effective outreach and out of hours support at weekends. Where a view was expressed regarding opening times over five or seven days, responses were variable but fell within the hours of 8 am to 8 pm. A range of additional services were suggested for carers aimed at providing advice, peer support, crisis intervention and respite care provision. Many of the additional services respondents indicated they would like to see at AHV in the future are included as part of the plans already. Additional services suggested include: increased access to x-ray services, rehabilitation therapy following fracture, reintroducing a walk-in centre and enhanced access to services/GPs with special interests for people with long term conditions.

NHS Mansfield and Ashfield CCG is providing further opportunities for local people to have a say about the development of services at Ashfield Health Village. Two informal drop-in events will be held on:

- Monday **7 January** 2013 between 2 pm and 4 pm
- Tuesday **8 January** 2013 between 2 pm and 4 pm

These will be followed by a public meeting on Thursday **17 January** 2013 from 5.30 pm to 7.30 pm

All events will be held at Ashfield Health Village.

These events will help CCG to finalise the plans for new services to be provided from AHV.

Summary

The Joint PCT Board approved the direction of travel for AHV at its meeting in November. The relocation of the dementia wards has taken place successfully with the offer of taxi transport to Bulwell being taken up by one relative. Some further public engagement has taken place regarding the new services to be provided at AHV, with further engagement planned during January.

Nina Ennis
31/12/12

Voluntary Transport Schemes in Mansfield and Ashfield

1. Introduction

At the last meeting of the Citizen's Reference Panel, discussion took place about the range of schemes available to transport patients to health care appointments, particularly within primary care. The information contained within this report provides details of a number of schemes within Mansfield and Ashfield:

2. Service Provider - Our Centre, Kirkby-in-Ashfield

Car Scheme



This is a service provided by volunteer drivers using their own vehicles, for people in the community who have difficulty accessing, or are unable to use, public transport.

Scheme users must register annually as *our centre* users and there is a small charge for the service.

Mileage charges start from the driver's home or last job, which could mean that the cost of a regular trip may vary from week to week. Fares are payable at the time of travel.

To book a trip, contact the car scheme co-ordinator on 01623 753192 giving your name, address, contact telephone number, trip date, pick-up / return times and destination. Also give details of any large items of luggage, wheelchairs or walking aids, as not all vehicles have the capacity to carry larger items. Pets are carried only at the driver's discretion, so please mention at the time of booking.

Volunteer Drivers

Drivers are always required, mileage rates are paid and training is given. Please contact us for more information. You can make a real difference in your community.

Minibus Scheme, Ring & Ride and Out & About

We have 8 minibuses available for use by community groups that register with *our centre*. Capacities range between 12 and 16 passenger seats, most vehicles being wheelchair accessible. We also have 2 MPV's with 7 passenger seats, one of which is wheelchair accessible. Vehicles are provided with a driver, rates and quotes available on request. For all enquiries on this page, telephone 01623 753192 or email the address below.

Ring & Ride

This is a scheme similar to Dial-a-Ride that offers a local transport solution for Individuals and families who struggle to use public transport, and need to access a range of services including transport to and from hospital. It bridges the gap between the minibus and car schemes and is wheelchair accessible.



Out & About

Fancy a trip out? We run a variety of day trips ranging from local shopping to full days out with pub lunches. Local pick up points are in Kirkby, Sutton, Hucknall, Mansfield and the area of Selston Parish. Contact us for our diary of destinations, or check out our members' quarterly newsletter.

Community Shopper buses operate in Sutton in Ashfield (Mondays), Underwood (Tuesdays) & Jacksdale and Selston (Fridays). Timetables are available on request.

Volunteers

Volunteers always required and expenses are paid.

3. Service Provider – Ashfield Voluntary Action



VOLUNTEER CAR SCHEME

Our Clients are people who, find it difficult or impossible to use public transport, this could be due to mobility problems or simply because they do not live near a bus route. Clients register with our service once a year, once registered they can phone one of our offices to book a journey. The cost of the journey is based on mileage from the drivers home, there is a minimum cost of 5 miles. Our clients use the service for visits to hospital, GP surgeries, day and community centres, hairdressers or perhaps to visit friends. Drivers will often wait for the client if they have an appointment. We have numerous clients who have been using our service for many years, building up trust and friendship with our drivers. We receive good feedback and often praise for the service they provide.

Ashfield Voluntary Action Car Scheme covers Sutton in Ashfield, Huthwaite, Skegby, Stanton Hill and Hucknall

If you would like to register for this service please ring 0115 9637261

(For Kirkby in Ashfield, Selston and Mansfield areas 01623 753192 - Our Centre)



Our Drivers are volunteers who use their own cars and time to help others. Drivers are all interviewed and CRB checked prior to joining our team and they can pledge as much or little time as they want. The drivers are reimbursed for fuel costs which is classed as out of pocket expenses therefore not affecting any benefits that they may receive. Most of our drivers have been working with us for many years and enjoy getting out and about meeting people whilst providing a valuable service.

4. Service Provider – Ashfield Voluntary Action

A pilot scheme has been funded by NHS Nottinghamshire County through Central Nottinghamshire Cancer Patients and Carers Forum (3Cs) to provide a volunteer driver scheme to transport patients from Mansfield or Ashfield to the City Hospital, Nottingham for radiotherapy treatment. Patients are referred to the scheme by staff at the City Hospital, Nottingham

5. Service Provider - Community Centrepont , Kirkby

Community Centrepont, Kirkby offer a community mini bus service.