

# The Alston Alliance's Health & Care Plan For Alston Moor



## *A Summary*

## The challenges

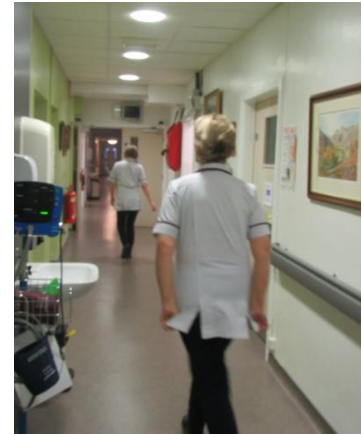
The main challenges to providing health and social care for Alston Moor now and in the future, and the gaps in provision, include:



- **The interdependency of services** – The health and care services depend on each other and changing one affects the others. The GP practice would lose an income stream if the community hospital beds closed in isolation. This would call into question its own future and make it difficult to recruit. Similarly, with simple closure, the nurse-led assessment unit would have to close out of hours. This could increase demand on A&E and on the out-of-hours service provided by CHOC, who come from

out of the area. Without an alternative model there would be no qualified medical presence on Alston Moor for much longer periods than in the past.

- **A shortage of qualified nursing staff**
- **A shortage of Home Care staff**
- **Difficulties providing home care**
- **Providing end-of-life care** presents particular challenges and families are often living a long way away.
- **Sustaining the General Practice for the long term.**



## Our Vision, Aims and Proposals

**Our vision** is of a vibrant, fully integrated health and care provision delivering person-centered care in the community, including in people's homes.

**Our aim** is to:

- improve the health and wellbeing of the population;
- find the solution to the challenges from within Alston allocating resources in ways that promote health, wellbeing and independence;
- support the development of a local integrated health and social care service model;
- be an innovative new partnership between health and care providers the community and wider third sector and educational partners



**Our proposals** will provide services for people locally where possible. Health and Care services will work in close partnership with the local community to develop a high quality, affordable, and sustainable model for this remote and rural community. The outline that follows sets out a fully integrated health and care provision delivered in a remote rural setting.

### **The proposed service model for Alston**

The temporary closure of in-patient beds at Ruth Lancaster James Cottage Hospital in April 2017 (due to staffing issues) has given the community, patients, staff and supporting services an opportunity to develop new ways of working, which has proved useful in the creation of the new plan.

Some of the budget and the staff resource of the community hospital team will be transferred/ redeployed into the community to provide a number of services as described below.

#### **❖ Community Nursing**

The community hospital team will be redeployed into the community to support and provide care to patients across the community of Alston Moor. The wider team, within the Integrated Care Community (ICC), will be able to provide care over a 24 hour period, as follows:

- Core community nursing tasks;
- Rapid response;
- Care planning and frailty assessment;
- Long term condition management;
- End of life care;
- Proactive discharge from hospital;
- Support to patients during episodes of poor health, to keep them at home;
- Nurse-led treatment service;
- Education – of other staff working within the integrated team.



The nursing team will undertake training to enhance their skills so they can deliver more services, broadening the value and scope of the team. This would include: pre-operative assessment, continence services, chronic disease management, and delivery of IV antibiotics, infusions, transfusions and other complex care.

These changes will reduce travel for Alston Moor patients as well as improving access to care. Additionally, the enhanced role of nurses may assist recruitment.

### ❖ General Practice

Working closely with the GP practice will enable the care and management of patients with more complex clinical needs, and this role will ensure that the practice continues to receive payment from Cumbria Partnership Foundation Trust (CPFT) for supporting care delivery. This will enable more patients to be cared for at home as well as reducing the likelihood of a hospital admission; where a hospital stay is essential, this arrangement will ensure early discharge with necessary support.



### ❖ Day Hospital /Frailty Service

A joint health and social care Day Hospital, with 3<sup>rd</sup> sector involvement, will give advice to the elderly and frail. It will provide health checks and assessment, assist individuals to manage their conditions effectively, and enable early intervention to reduce the likelihood of needing hospital admissions.

### ❖ Home care and health-related tasks

To deliver services on Alston Moor, the best approach would be to have a team of workers who could deliver care of all types in the area in a self-sufficient and sustainable way. It is suggested we move to health and social care teams working together. This flexible working together will maintain the skills of the current staff and contribute to better provision of adequate home care and Continuing Healthcare packages on Alston Moor.



It will also reduce the reliance on care providers to travel to Alston Moor – therefore more care provision can be deployed to patients elsewhere in the system.

### ❖ Access to beds

The majority of care will be provided in patients' own homes. There are some patients where home would not be a safe or practical place to offer care; for example if they have a need for frequent support, continuous supervision or reassurance, where home circumstances are unsuitable, or where there is a need to address a safeguarding concern.

Care in these circumstances will be provided from beds in the residential care home in Alston. The beds will be supported by the residential care team for social care needs, while nursing and therapy support will come from the community team.

### ❖ **Community Hospital site**

The existing hospital facilities are to be retained as they already provide a range of outpatient services. This can be expanded to create a centre of health and social care.



The hospital site will provide the space for additional clinical activity such as:

- IV therapies, infusions and transfusions;
- Clinic space with telehealth links to secondary care and other services outside Alston Moor, providing access to specialist advice and follow-up to local patients, improving access to care and reducing travelling;
- Space for proactive holistic frailty assessment as part of the day hospital; social

aspects of the day hospital function will be supported by the community with additional clinical support provided by the nurses and therapists team.

**Please note this is only a summary of the full plan. Much more detail is included on the full plan which will be available from the Eden Integrated Care Community pages on the internet:**

<http://www.northcumbriaccg.nhs.uk/about-us/ICCs/Eden-ICC.aspx>

### **Background.**

#### **Why have we come up with this plan?**

Following the decision by the Cumbria Clinical Commissioning Group to close the beds at Alston Hospital, there was an urgent need to develop sustainable and appropriate plans to address the healthcare needs of everyone on Alston Moor.

The hospital's League of Friends, together with representatives of other bodies on Alston Moor, joined with people from the hospital trust and from social care services to develop a plan that will deliver more care to Alston Moor residents, by the same staff, but delivered differently, without in-patient beds. This brought the opportunity to be clear about what the community needed, rather than just assuming anything.

The temporary closure of in-patient beds at Ruth Lancaster James Cottage Hospital in April 2017 (due to staffing issues), while unfortunate, has given the community, patients, staff and supporting services an opportunity to test and develop a new way of working.



## **About Alston Moor**

The whole of Eden District is the least populated locality in England, with just 25 people per square km, and Alston Moor is the most remote and sparsely populated part of it. It lies within the North Pennines Area of Outstanding Natural Beauty and has dwellings at 900-1500 feet above sea level, among extensive moorland. Alston itself is about 20 miles from the next town.

The lack of significant public transport obviously presents challenges, and Alston Moor is about an hour away from the nearest hospital and it can take an hour or more for an ambulance to reach Alston. However, there is a community ambulance in Alston which plays an important role. The Great North Air Ambulance helicopter can only fly in daytime and high cloud cover. The terrain also makes landing difficult.

While rural isolation affects everyone, its greatest impact is on the frail elderly, and especially those who do not drive, have no close family support and those that live alone. For this group of people, ensuring that the services they need are available close to home is fundamental to providing good care. This is especially true for people requiring end-of-life care.

Alston Moor has had to be a resilient and self-sufficient community and the inter-dependence of health and care services is especially clear here.



**Please feedback on these plans by Friday 1<sup>st</sup> December 2017.**

- What do you like
- What do you not like
- What do you need more information on
- Any other suggestions

**Email:** [communications.helpdesk@cumbria.nhs.uk](mailto:communications.helpdesk@cumbria.nhs.uk)

**Or write to:** Alliance health and care proposal Feedback

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