ICS aims

- Increase the number of people supported in the community as an alternative to major hospitals
- Increase the range of services in the community
- Health and social care staff working in teams
- Seven-day services and available longer during the day
- Improved use of community hospitals as community hubs by consolidation of some and increased use of others
- Develop and support the mental health acute pathway review running alongside the CSR
The need for change

Applies just as strongly to community services as to acute sector

Estimated 30% increase in Hospital Admissions by 2026

Wait longer 16 Weeks

Health Outcomes

Time

YOUR NHS
Working together to shape Dorset’s Health
Progress since May 2015

- Five clinical delivery groups (CDGs)
- Detailed service planning and developing models of care for ICS
- Local authorities, GPs, community and acute sectors working together to co-design services covering health and care, wellbeing and prevention, also supported by the development of the Dorset Sustainability and Transformation plan
Stakeholder engagement

- Extensive engagement with public, patients and carers including PPEG
- GP members from 98 practices
- Leading clinical views from NHS providers
- Many other interested groups such as local authorities, Health and Wellbeing Boards, MPs, Healthwatch, neighbouring Trusts, Dorset Racial Equality Council, Dorset Young People’s Forum and a wide range of voluntary groups
Local views are key

29,000 pieces of feedback analysed in 2014

View collected from 1000s of people in 2015

9 community engagement events held in Spring 2016

Themes strongly aligned to the direction of travel
What local people want

More services closer to home

Joined-up/integrated:
- Health, care and voluntary sector
- physical and mental health services
- IT systems

Better:
- prevention and education
- access in terms of time and location
- staff recruitment, training and retention

Consideration of:
- geography, demography and diversity
- difficulties with transport
- affordability and savings
Developing the options

We are using a five-step approach looking at:

1. How much care will be needed in 2020/21
2. Size and type of workforce
3. What could be done where? Home, clinics, Community beds
4. What capacity (beds, space etc) is needed in each locality
5. What are the options for local delivery of health and care
All localities could have

- A rapid response team to assess people with complex and high need

- A multidisciplinary team of doctors, nurses, therapists, pharmacists, social care and voluntary sector staff to treat and care for people and to support self-management and independence

- At least one **community hub**

- Mental Health teams and Integrated Learning Disability teams

- Potential for a wider range of early help and community resources

- Pharmacy
Each cluster could have

A large community bedded hub or network of beds:

• Step-up beds from people’s homes
• Step-down beds from acute hospital
• A wide range of outpatient facilities
• Day case facilities
• X-ray facilities
• Urgent Care Centre for minor injuries and ailments (where not co-located with a hospital)
Bed modelling to help shape ICS options

- Future number and location of beds required compared to what and where now
- Demographic changes over the next five years
- Assumed 24 days average stay for patients stepped down into a community bed from a major acute hospital
- 3 days average stay for people admitted from their own homes
- 25% of the 25% per cent reduction in unplanned admissions being supported in a community bed
- We need an additional 69 beds and redistributed beds to reflect local need with an increase in the east and a reduction in the west
- Short term beds in care homes could be used as an alternative to community hospitals in areas where the need is small or additional beds required
100% of people would be able to reach community bedded sites within 32 minutes by private car and 87 per cent within one hour by public transport if there were 7 strategically located sites with beds compared to 13 at present.

100% of people would be able to reach a community hospital hub (includes hubs with or without beds) in 23 minutes by private car and 91 per cent within one hour by public transport.

Particular focus on travel in North Dorset and the far east of the county.

The CCG will work with the Local Authorities and other partners to look for innovative transport solutions.
We also considered:

• future levels of activity and clinical and financial sustainability used to inform the number of sites with simple diagnostics such as X-ray

• theatre utilisation

• current community hospital estate was assessed to see which sites would be suitable in terms of size and development costs

• the interdependency of the two proposed acute hospital options
Where could the hubs be?

- **Local community hub**
- **Large Community bedded hub**
- **Hospital**

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**West Dorset**
- Bridport

**Mid Dorset**
- Shaftesbury
- Sherborne (Yeatman)
- Either Alderney or Poole/Bournemouth (*)
- Either Alderney or Poole/Bournemouth (*)
- Either Westhaven or Portland

**East Dorset**
- Blandford
- Wimborne
- Either Weymouth or Westhaven (large community bedded hub)
- Either hospital or care home beds (*)

*subject to Major Planned and Emergency site options

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**Dorchester**
- Either Alderney or Poole/Bournemouth (*)
- Either Weymouth or Westhaven (large community bedded hub)
• We tested these options with local people attending two events for informed audiences and roadshow events at 26 locations across Dorset
• Number of responses not high enough to be conclusive but they gave some useful information
• Strong support for care closer to home
NB: the number of responses was not high enough to be conclusive but they gave some useful information

- Preference for community beds in Poole (if it is the major planned hospital) over Alderney
- Short term care home beds in the Bournemouth and Christchurch area
- Active support for beds at Swanage Hospital and some support for care home beds in Wareham
- Strong support for beds at Bridport Hospital
- Divided opinions about the use of Weymouth, Westhaven and Portland Hospitals
- Understanding of the proposals for Blandford and Sherborne but strong concerns about transport and access to beds in Gillingham and Shaftesbury
- Support for community beds at Dorchester County Hospital
- Strong support for Wimborne Hospital and no concerns about the proposal not to use St Leonards as a community hub
Quality of care for all
Each option was rated the same

Workforce
Each option was rated the same

Research and education
Each option was rated the same
Time taken to deliver changes

- Local community hub
- Large Community bedded hub
- Hospital

- North Dorset
  - Shaftesbury
  - Sherborne (Yeatman)
  - West
  - Bridport
  - Dorchester
  - Weymouth
  - Westhaven
  - Portland

- Mid Dorset
  - Blandford
  - Either Alderney or Poole/Bournemouth

- East Dorset
  - Wimborne
  - Alderney
  - Poole
  - Christchurch

- Westdevon
  - Either hospital or care home beds*
  - *due to small scale of building/beds to population
## Affordability Scoring

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<thead>
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<th>Site</th>
<th>Site m2 shortfall</th>
<th>Total capital costs</th>
<th>Backlog maintenance costs</th>
<th>ERIC running cost per GIA m2</th>
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<td>Bridport</td>
<td>+ +</td>
<td>+ +</td>
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Mental health

- NHS Dorset CCG is leading a review of the Mental Health Acute Pathway across Dorset
- Co-production with service users, carers, voluntary sector, Dorset police and NHS providers
- 3355 views and comments
- Currently in modelling phase
- Strategic outline business case expected in July 2016
- Three options for potential new models of care
- Dementia Services Review to consider any potential benefits of co-locating older peoples’ mental health beds alongside community beds
Patient benefits

• Seven-day services
• Rapid response to urgent care needs with a single point of access
• Integrated teams to care for people with LTCs and frailty
• More outpatient and planned community-based care closer to home
• Improved home-based support and use of technology
• Develop a workforce ‘fit for the future’
• Develop community ‘hubs’ to deliver services at scale
Where community hubs are Proposed

- Community hub without beds
- Community hub with beds
- Acute Hospital

North Dorset
- Shaftesbury
- Sherborne (Yeatman)

West Dorset
- Bridport

Mid Dorset
- Dorchester
- Wareham

Purbeck
- Wimborne
- Poole

East Dorset
- Weymouth
- Swanage
- Portland

Either Poole or Bournemouth hospital subject to which is the planned acute hospital site
<table>
<thead>
<tr>
<th>Community hubs with beds</th>
<th>Community hubs without beds</th>
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</thead>
<tbody>
<tr>
<td>Poole or Bournemouth hospitals (subject to public consultation on the preferred major planned site)</td>
<td>Located at Shaftesbury (with care home beds)</td>
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<tr>
<td>Wimborne Hospital</td>
<td>Located at Christchurch (with care home beds in the Christchurch and Bournemouth area)</td>
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<tr>
<td>Bridport Hospital</td>
<td>Dorset County Hospital (also an acute hospital)</td>
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<tr>
<td>Blandford Hospital</td>
<td>Located at Portland</td>
</tr>
<tr>
<td>Sherborne Hospital</td>
<td>Located at Wareham (with care home beds)</td>
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<td>Swanage Hospital</td>
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<tr>
<td>Weymouth Hospital</td>
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</tbody>
</table>
Alderney, Westhaven and St Leonards hospitals would not be used as community hubs either with or without beds.

The services based there would be moved to other hubs.

Mental health beds based at Alderney will be considered as part of the review of dementia services.

The three community hospital sites may be used for other purposes.
Next steps

• NHS England Assurance process (Oversight and Finance/Investment Committees to meet during August)
• Public consultation begins Autumn 2016 (earliest) for 12 weeks + two if over Christmas holiday period
• Analysis and feedback
• Decision making in 2017