

## Business Case / Options Paper

### Development of a Countywide, Enhanced Children's Community Nursing Service

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## 1 Executive Summary

Due to fundamental changes to the urgent care pathways for babies, children and young people within Worcestershire, there is a now a real opportunity to enhance the current Community Children's Nursing (CCN) service by extending service hours, implementing advanced nursing roles, improving pathways of care and reducing the number of acute admissions.

This options paper has been developed following a meeting with the three Worcestershire Clinical Commissioning Groups and local Joint Commissioning Unit when the original business case was considered. It breaks the original case down into a number of potential developments – all of which would enhance the current community nursing service – and therefore gives commissioners the opportunity to develop the service in a phased manner.

Implementing one or more of the options detailed in this paper would facilitate care closer to home, give GP's access to community nursing support for children and families who experience acute episodes of illness and improve the care and support for children with long term complex health conditions. The use of approved pathways of care would strengthen clinical governance arrangements, promote best practice and improve outcomes for children and families. There would also be a reduction in the number of acute admissions – a key outcome given the criticism and feedback received to date from parents and GPs on potentially avoidable hospital stays.

## 2 Background

Models of community children's nursing continue to vary considerably throughout Great Britain with patches of fragmented post code lottery provision (Carter B et al 2009).

To meet the needs of children in the community, the Department of Health recommended in 2011 that a 'comprehensive' service should be the bedrock of out of hospital services for ill and disabled children.'

This includes children with the following conditions:

- Children with acute and short term conditions
- Children with long term conditions
- Children with disabilities and complex conditions, including those who require continuing health care
- Children with life threatening and life limiting illness including palliative and end of life care.

## 3 Current Provision

The CNN service currently provides care to children in South Worcestershire, Wyre Forest and Redditch and Bromsgrove.

This includes:

- Acute nursing care to promote early discharge and prevention of unnecessary admission to hospital. To access this service, children are referred under the

care of an acute paediatrician either following admission or to prevent admission overnight.

- Children with long term conditions who require nursing support and interventions to prevent admission or hospital attendance. These children usually have open access to the ward and usually remain the responsibility of community or hospital paediatricians.
- Long term care to children with complex health care conditions including palliative and end of life care. These children also have open access to inpatient care if care cannot be delivered in the home environment. community paediatricians are usually responsible for their care but on occasions a child may remain the responsibility of the acute paediatrician. Most of these children require caseload management and a key working role due to the complexity of their needs.
- Provision of continuing health care packages for children and young people who have individually assessed need and associated funding agreements to deliver exceptional care usually via 1:1 care provision.

Within the provision of care listed above, South Worcestershire CCG has commissioned a pilot service enabling GP's to refer children for community children's nursing support as an alternative to referral to acute inpatient care. During the 6 months prior to 1<sup>st</sup> November, an enhanced GP service had been provided for 6 months from 4pm to 8pm, Monday- Friday.

This pilot commenced on 1<sup>st</sup> November 2014 and will continue until 30<sup>th</sup> September 2015. It has been successful in preventing hospital admissions with 59 fewer admissions between 1<sup>st</sup> November 2014 and 6<sup>th</sup> June 2015 – a figure that is expected to increase due to A&E direct referrals although numbers are not yet predictable.

The service hours are currently 9am to 8pm x 7 days per week. Within Redditch and Bromsgrove, staffing levels have resulted in service provision 9am to 5pm only at weekends. 24 hour on call is also available for named children with palliative and end of life care needs.

Nursing staff are all registered children's nurses with a wide variety of experience in acute and complex care of children and young people. A number of these nurses also have a qualification in community nursing, either district nursing or specialist practitioner's in community children's nursing.

The current service is commissioned via block contracts. These include a contract with WHCT for complex and palliative care via the JCU and a separate contract for acute care with WAHT via the Worcestershire CCGs. Recently, there has been agreement to transfer the remaining WAHT staff working with the WHCT community team to WHCT, which will have the following benefits:

- Reduction in duplication of provider policy and process thus increasing time to care
- Reduction in duplication of communication with providers by commissioners
- Clear governance responsibilities
- Clear service specification within one organisation

These arrangements are currently being finalised and it is hoped the appropriate level of funding will be agreed imminently.

#### 4 Current Activity

Data regarding acute admissions of < 24 hours is already available for each CCG locality and is therefore not included in this paper.

Current caseloads of children include long term conditions and oncology diagnoses requiring care that would otherwise require hospital attendance. There are also children and young people who have highly complex conditions requiring case management and key working within the community. This care usually involves social care and education who also need health support to facilitate positive outcomes for the child and their family.

There are currently no dependency tools to identify safe caseload sizes for children's community nursing. Therefore, workload and capacity is difficult to quantify. That said, as the community children's nursing service in Worcestershire has been established for over 10 years, it is clearly evident that increased complexity has been recognised, in addition to increased life expectancy of children and young people with complex conditions, improved technological treatments and higher expectation of support available to children and families in the community.

A study was undertaken by Together for Short Lives in 2011 which identified the prevalence of children with life limiting conditions within Worcestershire as 364. The CCN service currently cares for and supports 169 children. Consequently, it is likely over half the children diagnosed with life limiting conditions do not currently access nursing care in the community. A recent peer review by West Midlands Quality Review Service (WMQRS) identified the skill mix with Worcestershire CCN teams to be lean.

Data on 2014 and current caseloads, including acute referrals, is shown in figure 1.

*Figure 1 Caseload Numbers March 2014 and March 2015*

<b>Locality</b>	<b>Complex Case Management &amp; Key Working</b>	<b>Long Term Conditions - Oncology</b>	<b>Long Term Conditions- Other</b>	<b>Acute 1.5.13 to 30.4.14</b>
<b>South Worcester</b>	March 2014: <b>44</b> March 2015: <b>49</b>	March 2014: <b>10</b> March 2015: <b>13</b>	March 2014: <b>29</b> March 2015: <b>31</b>	2013/14: <b>167</b> 2014/15: <b>201</b>
<b>R&amp; B</b>	March 2014: <b>29</b> March 2015: <b>34</b>	March 2014: <b>5</b> March 2015: <b>7</b>	March 2014: <b>17</b> March 2015: <b>18</b>	2013/14: <b>118</b> 2014/15: <b>114</b>
<b>Wyre Forest</b>	March 2014: <b>16</b> March 2015: <b>21</b>	March 2014: <b>9</b> March 2015: <b>8</b>	March 2014: <b>10</b> March 2015: <b>12</b>	2013/14: <b>63</b> 2014/15: <b>41</b>

WHCT activity is currently recorded via NCRS. The data collected is currently being reviewed in order to capture meaningful information regarding caseloads and activity.

## 5 Options for Future Provision

It is essential to ensure the CCN service within Worcestershire remains efficient, sustainable, accessible and able to meet the growing demand of care for sick babies, children and young people.

By enhancing the current CCN service, provision of care would not only be continued but would be available to a wider range of children and families. This would minimise referral and assessment within the hospital setting and reduce unnecessary admission to hospital.

In order to offer opportunity to develop appropriate care throughout the county, the following development options are detailed with cost implications to ensure a service can be agreed that is affordable and appropriate to local need. It is important to note these are standalone options and the costs/resources only relate to the option in question (eg. the costs/resources in options 4 and 5 are not included in option 3).

### OPTION 1

#### ***Current service provision to continue.***

#### Benefits to commissioners, GPs, patients and families

- No additional financial investment required

#### Considerations

- Inequitable countywide service at weekends 17.00 - 20.00
- Service may be reduced or even unsustainable at times of unexpected staff leave
- Inability to accept additional referrals
- Inability to further reduce admissions

### OPTION 2

Reallocation of **£70,617** to WHCT to provide direct GP& A&E referral for children with acute illness.

This option relates to the extension of the current South Worcester pilot to the Redditch & Bromsgrove and Wyre Forest localities. It would deliver an assessment and monitoring service for all children referred by GPs and local Accident and Emergency centres, 9am to 8pm, 7 days a week.

In order to deliver this option in the most cost effective manner, the Trust would need to upgrade 2 band 5 staff to band 6 and appoint 2 band 4 staff. These staff would work across all three CCG localities and therefore, the costs associated with the current pilot and this proposal would need to be re-apportioned across the three CCGs, based on their respective populations.

In terms of activity, the Trust would anticipate the following numbers per annum initially.

South Worcestershire: 114

Redditch and Bromsgrove: 76  
Wyre Forest: 38

These numbers should rise as the service is promoted and developed.

Benefits to commissioners, GPs, patients and families

- Reduced hospital attendance/ admission (5 - 10 per week countywide)
- Reduced cost of acute care (approximately £700 per referral)
- Improved education for parents regarding management of common childhood illness
- Appropriate triage of cases by skilled CCN's to ensure safe and effective clinical pathway implemented.
- Care closer to home

Considerations

- Achievement of admission prevention during pilot study
- Increase in admissions for <24 hours stays
- Service user feedback during pilot currently 100% positive

**OPTION 3**

Reallocation of **£258,000** to WHCT to extend hours of service to 10pm, seven days per week (countywide).

These costs would cover the following:

Nursing staff: 50 hours per week  
HCA: 150 hours per week \*  
Administration: 60 hours per week  
Pay enhancements (from 8pm)  
Non pay

\*safety of staff late shift x 7 days (3 localities) and inclusion of play specialist

This option would promote opportunity for both clinical nursing interventions but due to a safety requirement for x 2 staff to be on duty, additional benefits would include play support if children require invasive procedures e.g. IV medication, nebulisers. It would also enable delegation for techniques for monitoring children and supporting parents in administration of medication or for e.g. fluid intake to prevent dehydration.

There would also be a foundation workforce to develop competencies towards supporting children requiring home total parenteral nutritional feeding. This would however need to be reviewed on a case by case basis but would potentially lead to cost savings from current contracts in place.

Numbers of children to be supported are difficult to predict. Therefore a pilot investment could be considered to establish demand and productivity.

Benefits to commissioners, GPs, patients and families

- Ability to prevent additional admissions (a pilot of this option would confirm the numbers)

- Ability to provide increased home treatments eg. three times daily IV treatment thus promoting early discharge of wider range of children
- Increased opportunity to prevent admissions from out of hours services
- Ability to maximise nursing time by introduction of health care assistants to maintain staff safety but also undertake tasks and care co-ordination thus freeing up registered nursing hours
- Increased ability to meet the needs of growing population of children with complex and palliative care needs

#### Considerations

- Staff safety
- Increased disparity with neighbouring services / CCG's. Inability to provide care to children/ YP not registered with Worcestershire GP but accessing acute care may reduce opportunity to promote discharge.
- Costs required to maintain staff safety

#### **OPTION 4**

Reallocation of **£92,000** to WHCT for an Advanced Nursing Practitioner and advanced practice assessment skills within the service (including non pay resources).

1 WTE Band 7

1.2 WTE Band 6

In addition to improving governance, there would be the potential for children who show signs and symptoms resulting in progression towards 'red flags' to be reviewed at home by ANP level nurses.

#### Benefits to commissioners, GPs, patients and families

- Enhanced quality and clinical governance
- Potential to further increase admission prevention by approximately 4 cases per month (estimated)
- Career development of skilled workforce and staff retention
- Ability to support and develop workforce of CCN's thus promoting safer care

#### Considerations

- Countywide equity of access to advanced nursing skills
- Ability to recruit Paediatric Advanced Nurse Practitioner
- Requirement to promote staff development of advanced nursing skills.
- Medical supervision of Advanced Nurse Practitioner.

#### **OPTION 5**

Reallocation of **£46,000** to WHCT rotational development post between acute inpatient services, paediatric assessment unit and community.

Benefits to commissioners, GPs, patients and families

- Enhance workforce skills to support children with all needs in every setting.
- Reduce admissions to regional centres for children who currently cannot be admitted locally due to skill of ward staff e.g. tracheostomy, assisted ventilation (Bipap).
- Reduction in approximately 8 - 10 regional centre admissions per year
- Ability to maintain skills with in all teams.
- Flexible workforce to meet needs of local population of children

Considerations

- Ability to recruit and retain staff to complete rotation
- Suitability of newly qualified staff
- Potential for pre band 6 rotation

**5. Summary of Benefits and Outcomes**

- Delivering an enhanced, high quality and sustainable service across the county
- Ensuring access to safe and appropriate assessments, treatment and care for children with a wide range of needs within a community setting including:
  - Acute illness
  - Oncology conditions
  - Complex and degenerative conditions
  - Long term conditions requiring clinical interventions
- Prevention of hospital admission
- Prevention of hospital attendance
- Promotion of early discharge
- Empowerment and support for children/ YP and families during episodes of acute illness.
- Empowerment and support for children/YP and families throughout the trajectory of long term conditions.

Key Outcomes and KPIs include:

- Prevention of short stay (<24 hours) hospital admissions
  - KPI - Admission prevention data monitoring
- Reduced length of hospital stay
  - KPI – Length of stay data monitoring
- Delivery of care in the most appropriate environment for the child/YP
  - KPI – Numbers of children/YP receiving care at home
- Full recovery from acute illness without complications
  - KPI – Number of children discharged from service
- Prevention of admission due to long term conditions
  - KPI – Admission prevention of children with long term conditions
- Prevention of hospital attendance for clinical interventions
  - KPI Numbers of children receiving clinical intervention in home environment.

Outcomes would be monitored monthly and reported to CCG's quarterly.

## 6 Finance Summary

The current service in Worcestershire has the potential to expand, to ensure children are cared for in the community wherever possible and only admitted to hospital if it is clinically unsafe to provide care within their home environment.

The potential increase in demand for CCN services due to life limiting conditions and the imminent reconfiguration of children's acute services requires a significant reallocation of existing funds to WHCT that recognises the diverse skills and flexibility required to meet the needs of children and young people within Worcestershire. This will ensure high quality, safe care, with strong governance arrangements, is embedded in all areas of service delivery.

The estimated cost of implementation will depend on which of the options above are taken forward.

## 7 Service Evaluation

The project will be monitored using the following methods:

- Service user feedback
- Monitoring clinical incidents/ near misses
- Monitoring complaints
- Recruitment and staff turnover
- Achievement of mandatory training
- Monitoring staff appraisal and development
- Implementation and audit of clinical guidelines /pathways

## 8 Recommendation

Naturally, investment in all of the components contained within this paper would be the Trust's preferred option, totalling **£466,617**. However, if a phased approach is to be considered, in view of the financial implications, then the following is suggested:

Phase 1: Implement Option 2	£70,617
Phase 2: Implement Option 4	£92,000
Phase 3: Implement Option 5	£46,000
Phase 4: Implement Option 3*	£258,000

\*possibly as a pilot initially.