



WELLS COMMUNITY HOSPITAL

STRATEGIC OUTLINE CASE

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WELLS COMMUNITY HOSPITAL – STRATEGIC OUTLINE CASE (SOC)

Section 1. INTRODUCTION

The SOC is intended to set out the overall framework for this project. In 2005 the NHS began a review and consultation process to plan for the future of health care in the North Norfolk area. The resulting temporary closure of the inpatient beds and the minor injuries unit at Wells Community Hospital prompted community action. Collaboration replaced confrontation by the summer of 2005 and all concerned worked together on a process to test options for future services.

Wells Hospital and Hospice Trust (WHHT)

All stakeholders signed up to a consultation document¹ that resulted in considerable support for the creation of WHHT a community charitable trust, to help fund and support the redevelopment of the hospital.

Wells Community Hospital Management Ltd (WCHM)

A Social Enterprise Company (Company Limited by Guarantee) WCHM was also established to develop and manage the services offered. It is with this mandate from local people, and with the support of the local health and social care economy that this strategic outline case has been developed.

Wells Cottage Hospital, (now renamed Wells Community Hospital), has provided valued services to local people since it was built in 1910. It has received strong physical and financial support from the community and benefited from the excellent work of the League of Friends². Wells Community Hospital was previously managed by the North Norfolk Primary Care Trust (NNPCT), with West Norfolk Primary Care Trust (WNPCT) also commissioning services at the hospital on behalf of its patients. Norfolk PCT, (now NHS Norfolk) was established in October 2006 and commissions services on behalf of the local population.

Collaborative working has resulted in the creation of this strategic outline case for the redevelopment of Wells Community Hospital as a community venture. Constructive joint working between the NHS and local people has resulted in a proposal that has a high level of support within the whole health and social care economy for Norfolk. Local people remain committed to supporting the hospital and continue to press for the provision of inpatient beds on the site as well as various outpatient services.

The vision at Wells Community Hospital is for a community healthcare complex, with all services located on the existing site and adjoining land. Consultations have begun with local landowners and other potential stakeholders and are initially positive. The proposal is therefore to develop a complex which provides a Care Home with Nursing, ambulatory care, domiciliary care and a Housing with Care scheme offering independent living with care available when needed. Day care is already provided by the neighbouring charity "Heritage House". The scheme has the support of both Wells and Burnham Market GP practices, representatives of who both actively support the hospital and have contributed to the plan.

Significantly, the proposed complex and development of services will ensure that local people will have access to include a wider range of flexible services and facilities in their own locality that are not only of the highest quality, but that are also delivered using a personalised approach and will assist with the reduction in recognised health inequalities.

¹ Results of the consultation on options for the future of services at Wells Hospital May 2nd 2006. <http://www.nnpct.nhs.uk/dynamic/Documentsdocs/80.doc>

² <http://www.friendsofwellshospital.co.uk>

1.1 Proposed Complex Outline

The proposal is to create a sustainable community health and social care complex. The complex will have a sufficient critical mass of services which will be located on the existing site and adjoining land and will consist of the following core elements.

- Central Services and Site Management
- Registered Care Home with Nursing
- Registered Domiciliary Care Agency
- Housing with Care Scheme

(See appendix i)

1.2. Central Services and Site Management

A range of services will be provided from the refurbished existing hospital building. The range will include NHS commissioned outpatient clinics, independent provision of complementary healthcare, independent practitioner clinics, renal dialysis and the hosting of voluntary and community organisations. It is hoped to provide NHS Dentistry services from the complex, although this is dependent on the outcome of a tender exercise that is still in progress at the time of writing this SOC. The existing hospital building will also provide the accommodation and resources for the management team who will co-ordinate the administration of the complex and who will be the first point of reference for stakeholders during the redevelopment phase.

1.3. Domiciliary Care

A Domiciliary Care Agency will be developed, initially with an established domiciliary care provider, to serve the communities located within the catchment area.

1.4. Care Home with Nursing

This strategic outline case includes a proposal for the development of a new inpatient unit with 24 beds, configured in single en-suite rooms. The scheme will be staffed and equipped to provide intermediate, rehabilitation, respite, dementia, continuing and palliative care and registered as a Care Home with Nursing. The beds will be provided in a new purpose built facility adjacent and to the south of the existing buildings, on land belonging to Holkham Estate, who are supportive of the development scheme. The design of this building will incorporate the latest research and advice to promote best practice for specialist areas such as intermediate and dementia care and will also include the scope for further development in the future subject to demand and commissioning strategies.

1.5. Day Care

Day care facilities are provided by a local charity "Heritage House" which is located next to the hospital site. The potential for a closer working relationship has been explored to further benefit local people. Opportunities for joint working include some form of joint transport provision, enhanced health care to day care clients, and the combined use of the day care facility for domiciliary care clients.

The personalisation agenda brings with it a greater need for access to services for all, not just for people who receive care in their own homes, but also for those who live in Housing with Care, Residential or Nursing Care Homes. It is about offering greater choice, tailored to the individual within all settings. This health care complex will be perfectly placed to offer a variety of day care and other services to a much wider set of needs.

1.6. Housing with Care

This strategic outline case describes how Wells Community Hospital will work in partnership with a local Housing Association and the Holkham Estate to develop a Housing with Care Scheme, offering independent living with 24/7 care on hand when needed. Initial discussions with Norfolk Adult Social Services have been very positive and confirm the high need for this type of facility. Initial discussions are continuing with an established Housing Association who has expressed an interest in working on the scheme.

Section 2. DEFINITIONS AND PURPOSE

The World Health Organisation defined health, “as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. It is that definition which is at the heart of the vision for the health complex at Wells Community Hospital.

NHS Norfolk’s 5 year Strategic Plan ‘Bold and Ambitious’ 2009 – 2014 is clear in its commitment to reduce health inequalities, and to ensure fair access to services for all, especially those living in rural areas. It also prioritises the need for care to be provided in the community, closer to where people live. NHS Norfolk’s overall vision outlines the key priorities identified for Norfolk, and focuses on

2.2 Lifestyle and Prevention

Reducing health inequalities by ensuring those with the most disadvantaged lifestyles, and those from the most deprived and rural areas, are the focus for improved care.

2.2. Personalisation, Independence and Choice

By designing and purchasing healthcare services for the people of Norfolk, with specific focus on the increasing elderly and ageing population.

2.3. Right Care, Right Time, Right Place

Enabling fair and equal access to all services for all communities especially those living in rural areas, and to shift high quality care closer to home from acute to community settings.

Developing from both the World health Organisations definition and NHS Norfolk’s overall vision some key aims of the care complex at Wells Community Hospital would therefore include:

- Developing services beyond the traditional view of health services to extend into the health and social well-being agenda. This would mean integrating health and other well-being services to promote a positive effect on the wider determinants of health such as education and learning opportunities, the development of personal life skills and the promotion of well being through personal and community development initiatives.
- Supporting healthy lifestyle choices and reducing barriers to behaviour change. For example promoting positive reasons for people to incorporate more physical activity into their daily lives. The health complex would provide facilities and opportunities for people to be more active and provide well being clubs for younger people and children particularly in school holidays.
- Creating an environment that supports physical activity by linking in to external walking and cycling routes and encouraging safe walking around the health complex site. Changing and shower facilities will be provided for staff to encourage cycling and the use of public transport to and from the site will be promoted
- Increasing opportunities for individual involvement/volunteering in the work of the health complex and communal areas where people can network and meet others.
- Developing innovative ways of delivering services that will include involvement of the third sector and social enterprises.

- Facilitating closer working between services and disciplines and develop links to other primary care and community services e.g. children and families' teams, sexual health outreach teams, family support teams in the area.
- Aligning the sustainability agenda with health improvement, e.g. using locally sourced food, taking account of carbon footprint in design and build of health complex.

Towards meeting these aims, services could be provided within the wider care complex to build on existing health and well-being services.

2.4 Catchment area

In 2005 North Norfolk and West Norfolk PCT's, commissioned Dr John Rees, Director of Public Health to undertake "an epidemiological assessment of the needs of the populations of North Norfolk PCT and West Norfolk PCT for community health care and hospital services, with particular reference to Wells-next-the-Sea and the surrounding area."

As part of this assessment it was established that during the period January 2003 to December 2004, when the hospital closed, 70% of admissions came from three electoral wards, Priory, Burnham and Brancaster, with an additional 20% of admissions from a further four wards making a total of 90% of admissions from seven wards.

The remaining 10% of admissions were spread across seventeen wards with each generating no more than 6 admissions out of a total of 385 during the period in question.

Therefore, for the purpose of defining a catchment area for the health and social care complex being outlined in this SOC, the seven wards that historically have been primarily served by Wells Community Hospital, will remain as the key catchment area for the provision of developed services at the site.

The catchment area will therefore primarily focus on the following Wards,

- Priory (includes Wells)
- Burnham
- Brancaster
- Walsingham
- Rudham
- Docking
- Hunstanton

(See appendix ii)

Section 3. CURRENT AND FUTURE SERVICES

3.1. Description of Services

Current Hospital Provision

Ultrasound services
Paediatric clinic
Osteoporosis screening
Leg ulcer management clinic
NHS Hearing Aid service – Norfolk Deaf Assn
NHS physiotherapy – musculoskeletal and neurological
Sexual Health - Chlamydia screening and free condoms
Continence assessment and treatment
Counselling, psychotherapy and Cognitive Behavioural Therapy
Holistic manipulation
Independent Acupuncture and physiotherapy
Nutritional Therapist
Independent audiology
Chinese medicine and acupuncture, Polarity therapy
Podiatry
Health Visitor – desk space and ad hoc use of facilities
Independent speech and Language therapy

Current Community Activities

Bereavement support - Churches together
Assistive technology demonstration area
Health Walks – Fit Together
Library – Voluntary Norfolk
CAMEO group – Alzheimers society carers group
NN Assn Blind – group meeting at regular intervals
Sure Start Children's Centre
Wells Area Partnership

Potential Hospital provision

Intermediate Care for older people
Respite care for people with dementia
Intermediate care for people with dementia
Carer support initiatives
Renal dialysis for holiday visitors
NHS dentistry
Domiciliary Care provision
Health education for parents with young children
Diabetic education programmes – newly diagnosed all ages
Adult weight management programmes
Carer respite activities – adults and children
Smoking Cessation groups, Drug and Alcohol misuse support groups
Sports massage
Lymphoedema services and support

Potential Community Activities

Seminar/office space for voluntary groups
Tea dances – older people
Support group meetings and activities – all ages
Community Education (e.g. Joy of Food cooking skills) – all ages
Volunteer/ employment opportunities for people with a learning disability
Changing Places – access to toilet facilities for disabled people
Tai-chi classes/ Meditation/relaxation groups /falls prevention exercise
Exercise and other activities (e.g. carpet bowls) – older people

3.2. A Focus for Partnerships

The care complex would form a focus for partnership, developing a more social model of care that actively promotes health, rather than just deals with sickness, co-ordinates care across organisational boundaries and professional disciplines, and addresses the inequality of access to health services affecting disadvantaged groups within the local community. The concept of the complex need not be restricted to the buildings on site, but could potentially encompass other services provided elsewhere in the area.

3.3. Local Diagnostics

With changes in technology and practice there is an increasing range of diagnostic and treatment activities that can be carried out directly in the community by primary care staff with specialist interests. There is an opportunity at Wells Community Hospital to build on the current provision of services, particularly in the diagnostic field that would not only offer a local option to local people, but would also ensure that the right care was delivered at the right time

3.4 Partnership with GPs

The care complex will provide an opportunity to help work on chronic diseases such as Coronary Heart Disease, diabetes and respiratory complaints, working in partnership with local GP practices to enhance and develop services in Wells, Burnham Market and the surrounding area. Not only will the care complex enable services to be provided in a local facility, it will also support new approaches to delivering care and seek to recognise the particular nature of the local area, which is predominantly rural with large numbers of older people.

3.5. Multi – Partnership Approach

The great strength of the plans for Wells Community Hospital are the partnership opportunities with local GPs, NHS Norfolk, Norfolk Adult Social Services, Norfolk Community Health and Care, Holkham Estate, a Housing Association and possibly an independent sector domiciliary care provider. The hospital site will have a carers support café and space for local community third sector groups to meet.

3.6. Commissioning Beds

NHS Norfolk is committed to commissioning seven beds in the Care Home with Nursing. This figure may increase if information on a need for more beds becomes clearer. The exact arrangement for medical care with local GPs will be considered in the Outline Business Case (OBC) phase. Discussions are continuing with Norfolk Adult Social Services about the possibility of further beds being commissioned depending on local need and the priorities of the departments' commissioning strategy. Some beds may be purchased privately, particularly for respite care.

3.7. Engaging the Local Community

The future of Wells Community Hospital has been the subject of much concern in the community, particularly in relation to the provision of intermediate care beds. To ensure broad support for the proposals it will be essential that key local stakeholders in the community are involved as partners in the planning process. It is proposed that the next step in the project is to consult with local people regarding the preferences for services to be provided.

3.8. Isolated Younger People

Hard to reach young people are a priority for Wells Community Hospital and by working closely with a variety of partners including schools, Children's Services and many other agencies we hope to bring many relevant clinics and facilities to young people and their families. A great deal has already been achieved. This can be built upon to include information, access and support to local hard to reach families. We would look to consult with the wider community to highlight particular needs.

3.9. Community Transport

Access is a crucial part of the planning for the development of this project, the rural nature of the parishes served is an important factor in people being able to access services. There is a local bus service, but the Burnham Market and Wells Community Car Service has been very successful in delivering affordable transport to the local community, having provided over 11,500 medically related trips in recent years. This service along with the minibus service currently provided by the Heritage Day Care Centre could be enhanced to offer greater cover throughout the parishes within the Wells Community Hospital catchment area. The effect on local transport systems of the proposed development will be assessed as part of our research at a later stage.

Section 4. STRATEGIC CONTEXT

The NHS is changing at a rapid pace. Modern services are tailored to the needs of individuals and ensuring people are as healthy and independent as possible. There have been significant changes in medicine and society driving these changes. Services can be provided at an increasingly local level. New types of facilities are needed to support these new styles of care.

4.1. The White Paper

The White Paper “Our health, our care, our say: new direction for community services” (Department of Health, 2006) puts primary and community services at the heart of the modern NHS. The White Paper lays out a vision that:

“By reforming and improving our community services, to create health and social care services that genuinely focus on prevention and promoting health and well-being; that deliver care in more local settings; that promote the health of all, not just a privileged few, and that deliver services that are flexible, integrated and responsive to people’s needs and wishes.”

Specifically the White Paper confirms the recent policy direction common to all the National Service Frameworks that:

- People will be helped in their goal to remain healthy and independent
- People will have real choices and greater access in both health and social care
- More services will be delivered – safely and effectively – in the community or at home
- Services will be integrated and built around the needs of individuals and not service providers, promoting independence and patient choice
- Long-standing inequalities in access and care will be tackled.

The White Paper expects more resources to be invested in primary and community services year on year. Medical science, technology and pharmaceutical advances allow more workload to be undertaken in the community. Specifically there will be more support for people with long-term conditions.

The White Paper talks of a new generation of facilities providing a wider range of health and social care services in a community setting, and indeed Wells Community Hospital is mentioned in the White Paper as an individual case study. As a wider range of clinical activity can therefore be provided safely and effectively outside the acute hospital there is the need for the provision of appropriate facilities, diagnostic and other equipment in community settings. Patient choice and practice based commissioning will be a vehicle for making these changes happen.

The background to the Wells Community Hospital complex is well summarised in these words taken from the paper entitled “Social Enterprise in Primary and Secondary Care”, written by the Secretary of State for Health, in September 2006

“Wells Hospital and Hospice Trust was established by local people to take on the ownership and management of their community hospital. The hospital was built by public subscription nearly one hundred years ago and has a strong tradition of quality care. The creation of the community charity came about following a vigorous campaign by local people. A formal consultation carried out by the Primary Care Trust and the community strongly endorsed a social enterprise model, which was assessed as being the most appropriate structure to bring together all those concerned with health and wellbeing in the community to deliver a fully integrated service.”

The Trustees have created a partnership with all the key stakeholders, including the PCT, GPs and clinical and social care staff, all of whom are all working together across organisational and geographical boundaries to help to develop a new fully integrated service. The community venture has drawn in people of all ages, and includes active involvement from local schools and businesses as well as the voluntary sector.

The community hospital service will be redeveloped to enable people to have local access to care of their choice, and will include rehabilitation, diagnostic facilities and palliative care. The community hospital is highly valued by local people in this remote, rural and coastal area, and there is great enthusiasm and commitment for the plans to redevelop and expand the hospital and services.”

Our strategy will be shaped by better intelligence about the needs and wants of local residents in the community, and by the adoption of leading edge best practice and innovation in health care delivery.

We are also working with local authority, third sector and service users to provide seamless services which meet clinical need in a better way and promote a better patient experience. Local initiatives, patient and public involvement and Practice Based Commissioning have led us to redesign care pathways and service provision and a new approach has been identified to deliver the right care in the right place at the right time.

The care complex could assist more effective management of long-term conditions through support, monitoring and diagnosis in a community setting. Reduction in health inequalities would be improved through better identification of health needs across the community.

In particular the proposed model recognises:

- The increasing pressure on acute services and the need to transfer non-acute activity to more convenient community locations where possible;
- The need to improve service relationships and departmental links by facilitating the closer integration of health and social care;
- The interdependence of the local healthcare system by promoting different approaches to assist the efficient and effective working of the acute sector, primary care and social services; and
- The need to ensure there is flexibility for managing unexpected changes in demand through the development of flexible space and future-proofing of the health complex

Section 5. DESIGN PRINCIPLES

5.1. Locally Led

'A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services' (Department of Health, July 2006) set out reforms to encourage the involvement of patients, service users and citizens in redesign, in order to create health and social care services that are user-centred, responsive, flexible, open to challenge, accountable to communities and constantly improving.

Involvement of local people, especially those in hard to reach groups, will be a way of ensuring the development reflects the needs of the population it will serve and be a valued local service. The future development of the project will continue to incorporate the local community as key participants.

An approach to wider public involvement will be developed in line with NHS Norfolk's broader Patient and Public Involvement Strategy as we approach OBC stage. Over the past three years Wells Community Hospital has worked with a range of partners including representatives of its local population in a number of project groups. This has provided a substantial amount of information on local needs and expectations.

Whilst detailed information around deprivation and its impact locally will be included in the OBC, it is worth noting that academic studies have shown that Wells and surrounding villages face particular challenges on access to services. The final report of the Oxford Consultants for Social Inclusion (OCSI) on Deprivation in Rural Norfolk produced in December 2006, identified Wells next the Sea as having extremely deprived areas with 244 people (10.0% of the population) living in areas identified as among the most deprived 20% in the region.

This is exacerbated in terms of health care by the remoteness of Wells from both local acute hospitals. The Norfolk & Norwich University Hospital (NNUH) is 37 miles away with access complicated by its location on the southern side of Norwich and taking approximately 1 hour 10 minutes to reach by car. The Queen Elizabeth Hospital, Kings Lynn, (QEHL) is 26 miles away and is reached in approximately 54 minutes by car. Public transport from the Wells area to both acute hospitals is available, however this is limited, particularly to the NNUH and is very time consuming. Such factors underline the need for the people in Wells and its surrounding area to have access to locally available services and this reinforces the vision at Wells Community Hospital to have specific diagnostics, health treatments and improvements available with the opportunity for the third sector to be involved in the promotion of well-being.

As the scheme moves towards the development of the OBC it is intended to broaden the nature and extent of community involvement in the evolving potential of the scheme.

5.2. High Quality Services

One of the main drivers for the care complex is to ensure that we can expand our services, offered from a range of existing and new modern premises that will meet demand in a high quality and cost efficient way as part of an integrated and innovative scheme.

The proposed new service model for the care complex aims to provide a network of services across the community, which support people in more local and convenient settings. Changes in technology and clinical practice mean that this is both safe and feasible and in line with the direction set out in the White Paper. A care complex would be the focus for developing a model of care that actively promotes health, rather than just dealing with sickness. It will co-ordinate care across organisational boundaries and professional disciplines enabling streamlined services to be provided from the redeveloped

hospital building while other health care, health improvement and well-being services are provided in the same area and beyond.

The model is not about buildings alone but, more significantly, about a wider range of flexible services and the improved integration of care pathways between local and specialist healthcare. There is a need within the local health community to develop capacity across the whole spectrum of care, but particularly in therapies, diagnostics and outpatients.

Although it would have separate components dedicated to certain services, the emphasis of the network of services will be on creating and maximising the potential for integration and linking with broader networks including:

- Integrating health, social and voluntary care;
- Linking with acute services on a care pathway basis;
- Being at the heart of the community;
- Using technology to make care more convenient;
- Fostering patient empowerment;
- Promoting well-being.

5.3. Improving Local Access

The central services area of the care complex will allow the continuation of key and valued physiotherapy services currently provided at Wells Community Hospital. Reference has been made to the recognised issues around access to services in the North Norfolk area and within the care complex the opportunity will be taken to broaden the scope of activities as the commissioning intentions of NHS Norfolk and the North Norfolk Health Consortium develop.

The model of care will be consistent with central Department of Health guidance but also emphasise the following components:

- Access to comprehensive, multi-disciplinary assessment and diagnostic services;
- An integrated approach across health and social care to meet better the needs of individual patients;
- A strong rehabilitative component that incorporates multidisciplinary input and recognises the social, physical and psychological elements to restoring independence;
- Supporting and enabling more efficient use of the acute inpatient capacity of local acute providers through reductions in length of stay and the avoidance of admissions through the development of therapy services.

5.4. Supporting People with Long Term Conditions

People with longer term or more complex health and social care needs want services that will help them to maintain their independence and well-being and to lead as fulfilling a life as possible supported by easy access to a range of integrated person-centred health and social services when required.

With the local GPs and Community Matrons the new network of services could provide an opportunity to create an environment that actively enhances the rehabilitative and therapeutic culture of this model of care and in particular addresses the needs and promotes the independence of people with long-term conditions, in line with the recommendations of the National Service Framework.

The new care complex facility could also continue the provision for patients with long term conditions through the provision of assessment, in order to support self management and promote independence closer to and at home. Such a facility could enable members of the multi-disciplinary team to arrange assessments for safety and provide environmental links

to support patients to remain at home through assistive technology, including the use of telecare equipment. Use of the service should decrease the number and length of stays in respite, residential and hospital units, while at the same time provide service users, their family and other carers with increased peace of mind and reassurance around the health and safety issues of living at home. There are four long term aims of the service. These are to:

- enable people to stay at home;
- prevention of falls/accidents,
- assist hospital discharge and
- provide a support service to carers.

A review and assessment of mobility requirements including assessment for complex or specialist seating could also be carried out on site.

The innovative environment will allow professionals to refer to and have access to these and a range of other services such as Community Matrons and Intermediate Care Services thereby enabling patients to be discharged in a timely manner or to remain at home through provision of advice, self-help strategies and support to enable this to happen. This service could be developed to include improved access to advice and information on a range of community and voluntary services.

Services for people with dementia will focus on personalised care and support in line with the guiding principles of 'Living well with dementia: A National Dementia Strategy' (Department of Health 2009) and will include intermediate care, respite and carer support initiatives.

Bringing the network of services outlined above together could enhance the patient experience, enable a sharing of space, pooling of expertise, wider career opportunities for staff and opportunities to provide training.

5.5. The Local Population

Wells Community Hospital has considered the demography and socio-economic needs of the population in its catchment area. Levels of deprivation have been referred to elsewhere in this SOC but the most significant feature is that the local population contains a higher proportion of older people than either the Norfolk or National average. Older people are more significant users of both health and social care services. Wells Community Hospital is keen to provide a base for a range of services for older people as reflected in this SOC.

Whilst the increasing numbers of older people are acknowledged to be a significant factor, Wells Community Hospital is committed to offering services to all sections of the community, including young people and families.

A further factor to be taken into consideration is the extent to which seasonal visitor numbers swell the local population and put pressure on statutory services such as health care. Burnham Market GP practice sees approximately 850 additional patients per annum as a result of people visiting the area, whilst Wells GP practice reports a quadrupling of patients during the holiday season.

The table below shows figures for the population in the catchment area and numbers of older people by ward. The number of older people in the catchment area and the rate that they will increase in the next 10-12 years make sobering reading and further strengthens the case for the additional local services which are proposed at Wells Community Hospital.

Area	Total Population	Population - Male over 65, Female over 60	No of older people as (%) of population
Priory (Ward) inc Wells	4228	1,486	35%
Burnham (Ward)	1890	641	33.9%
Brancaster (Ward)	1348	531	39.4%
Docking (Ward)	1911	608	31.8%
Rudham (Ward)	2159	661	30.6%
Hunstanton (Ward)	5914	2445	41.3%
Walsingham (Ward)	2250	689	30.6%
Catchment Area	19,700	7061	35.8%
KL & West Norfolk (District)	144,800	37,900	26.2%
North Norfolk (District)	101,500	32,600	32.1%
England	51,446,200	9839,100	19.1%

Source – population estimates ONS June 2008

- The population of North Norfolk District (NND) is expected to grow by approximately 15% by 2021, and in Kings Lynn and West Norfolk District (KLWND) by 10%.
- The proportion of people living in both NND and KLWND with recorded Diabetes is higher than the England average.
- The proportion of adults who are obese in NND is above average, whilst in KLWND the figures are significantly worse than the average for England for both adults and children.
- Addressing rural access issues is a priority in both NND and KLWND.

5.6. Technological Issues

The health complex could be equipped with the latest diagnostic technology, supported by an IT system with the necessary links to secondary, intermediate and primary care. This would facilitate the use of remote diagnostics, electronic transmission of scans and video conferencing. The hospital already has a N3-2-54 connection which enables it to communicate with the NHS family.

5.7. Secondary to Primary Care Shift

A care complex is part of a wider integrated health care approach and could allow for a shift of minor cases and outpatient appointments from the NNUH or QEHKL as service are developed at Wells Community Hospital. Wells Community Hospital would like to work with the local Practice Based Commissioners to develop appropriate patient pathways to maximise the opportunities offered by the care complex at Wells Community Hospital.

Section 6. FORMULATION OF OPTIONS

This SOC identifies three options. A preferred option will be formally identified as part of the work to prepare an OBC, following approval of this SOC. A Project Group involving:

- NHS Norfolk
- Primary Care – 2 GP Practices
- Wells Hospital and Hospice Trust
- Wells Community Hospital Management Ltd
- Norfolk Adult Social Services
- The Queen Elizabeth Hospital Kings Lynn
- Wells Hospital League of Friends (observer status only)

met three times during 2008 and produced a sound platform on which further developments have been added in 2009. The Project Group will be reconvened following approval of the SOC, to help prepare the OBC, at which stage the membership will be reviewed and widened to ensure participation by all key stakeholders and partnership organisations. (See appendix iii)

A number of options have been considered for the completion of this SOC. These options have not been formally assessed against agreed weighted criteria. The considered options were:

Option 1: Do Nothing

This option allows for no development of services to meet the local need, nor the redesign of services that is contained within the vision. It would perpetuate the issue of access for patients, users and relatives in the Wells and Burnham Market area. The current model of service provision whilst, valued, is not sustainable. Additionally, this option would mean that the re-provision of beds at Wells Community Hospital would not be achieved.

Option 2: Retain the existing hospital building and increase capacity

The existing building could continue to be used for therapeutic services and clinics as it is at present and other services could be considered for current vacant areas of the building. However, the present building requires redevelopment to maximise its potential and this would require significant investment to achieve the same results as aspired to by the vision for the health complex. There is a requirement for significant backlog maintenance to be made good. This option would also not provide any beds in the existing hospital building.

Option 3: New build and redevelopment

This is the preferred option. It allows the greatest flexibility in redesigning services to meet local need and promotes the greatest degree of cross agency working.

The new care complex's location on the existing site, the Housing with Care scheme and the Care Home with Nursing gives the greatest opportunity for achieving, through partnership, the vision of a care complex able to provide health treatment, health improvement and well-being, and a social care support network consistent with the new personalisation agenda. Developing these facilities in close proximity to each other will provide the hub which links all of these networks together and extends them to other sites throughout the area.

Section 7. ASSET OWNERSHIP MODEL

Wells Community Hospital currently still belongs to NHS Norfolk. Discussions continue on the subject of the transfer of assets. WHHT is keen to secure the transfer of the present site into its ownership and from this to develop the preferred option as outlined above through agreements and partnership with the Holkham Estate which owns the adjacent land.

WHHT is not looking to the NHS to fund the capital developments at the site; funding will be secured from other sources. However, the transfer of the assets from NHS Norfolk to the WHHT will enable the Trust to raise the capital required to develop the site as planned. This element of the proposal will be developed further at the OBC stage. However, WHHT is looking for the support of NHS Norfolk to the direction of travel and to continue to commission services at Wells Community Hospital.

Section 8. COSTS

8.1 Revenue Cost

The continued development of services to be delivered from the existing hospital site is projected to generate a level of revenue in 2010/11 that will provide Wells Community Hospital with a sound footing on which to grow. During the development phase of this scheme any surplus generated by Wells Community Hospital would be utilised by WHHT and WCHM to help offset associated costs.

Until the services are fully operational, it is hoped that Wells Community Hospital and WCHM will continue to receive financial support from WHHT and request ongoing contributions from the League of Friends.

Detailed business plans will be produced at the OBC stage once capital finance arrangements have been further explored.

8.2 Capital Cost

Acquisition:

- | | |
|--------------------------------------|--------------------------------------|
| 1. Existing site and buildings | transfer from NHS Norfolk to WHHT |
| 2. New Land – Care Home with Nursing | under discussion with Holkham Estate |
| 3. New Land - Housing with Care | under discussion with Holkham Estate |

Building and Development:

- | | |
|--|---|
| 4. Maintenance and refurbishment of existing buildings | WCHM |
| 5. Site infrastructure | WCHM and Housing Association and partners |
| 6. New Care Home facility | WHHT and WCHM |
| 7. Housing with Care | Housing Association and partners |

The estimated capital required for the scheme is approximately £2.9 million.

This requirement is made up of £2.4 million estimated construction cost for the new 24 bed care home facility, and £200,000 for fit out, a sum of £150,000 for backlog maintenance and refurbishment of existing buildings together with a £150,000 contingency fund. More detailed estimates will be made at OBC stage.

Discussions with Holkham Estate regarding the arrangements for making the land available for the new care home with nursing are progressing in a positive and constructive manner. Holkham Estate has expressed overall support for the proposals and also indicated a willingness to be involved as an active partner in the development of the housing with care scheme.

Costs relating to the Housing with Care scheme will be met by the Housing Association and partners.

Whilst earlier plans targeted a large element of grant funding from the Department of Health Community Hospitals Fund, it is now acknowledged that the financial climate has changed significantly. It is still the intention to explore possibilities for grant funding from other sources including the Department of Health Social Enterprise Investment Fund, Future Builders and EEDA, but with expectations having been significantly reduced, alternative plans are being considered.

The capital costs will be met by a mix of grants, charitable donations, equity participation and, over time, legacies. An investigation will be undertaken into the viability of raising debt to enable building works to be commenced and completed before fundraising targets are met.

Section 9. GOVERNANCE

Governance is the term that refers broadly to the rules, processes, or laws by which organisations are operated, regulated, and controlled. The term refers both to internal factors defined by the officers, stakeholders or constitution of an organisation, as well as to external forces such as consumer groups, commissioners, and government regulations.

A well-defined and enforced corporate governance approach provides a structure that works for the benefit of everyone concerned by ensuring that the organisation adheres to accepted ethical standards and best practices as well as to any legal requirements.

9.1 Background

Wells Hospital and Hospice Trust (WHHT) is a trust, registered as a charity in the UK number 1115979 and governed by the Charities Act 1993 and any re-enactment thereof.

WHHT is committed by its charitable objects:

"To provide health and social care in the North Norfolk coastal region and in particularinitially by the re-establishment and maintenance of a hospital and hospice and associated services in Wells-next-the-Sea in North Norfolk"

WHHT is concerned with the ownership, development and overall management of the community hospital site and has undertaken to make the facility available to the local population for health and social care. The Trust offers providers of health and social care, within the statutory, independent and third sector, the opportunity to deliver services within the facilities.

The main aims of WHHT are

- Ownership of land and buildings
- Development and maintenance of the facilities
- Facility provider to individuals and agencies leasing space in the building
- Raising funds for contracts for buildings and services
- Raising funds for commissioning services for patients where there is no other commissioner

Wells Community Hospital Management Ltd (WCHM) is a Social Enterprise and is a not-for-profit company working for the benefit of the community. It has 170 members the majority of whom come from the local community and membership is steadily increasing. As a provider of health and social care services, WCHM will be regulated by the Care Quality Commission (CQC) and will also be subject to any care and quality audits undertaken by organisations who commission its services.

WCHM key functions include:

- employment of staff
- ensuring compliance with regulatory standards
- provision of health and social care services
- development of opportunities for the local community to participate in shaping services, in partnership with allied professionals and other key stakeholders.

9.2 Conduct of WHHT and WCHM

Both WHHT and WCHM boards meet at least on a monthly basis, and all meetings are minuted. Each organization has at least one representative who attends both board meetings. This ensures good communication and interaction between both organizations at board level. Any conflict of interest is declared and recorded and action taken appropriately.

9.3. The Need for Change

The governing document for the WHHT is the Trust Deed, which when set up in 2006, was designed to offer an instrument of governance to the Charity Trust appropriate at that time. However, although the objects of the Charity Trust remain the same, the need for a much wider skills set on the Board and the involvement of partner organisations, means that the Trust Deed and current Board structure will need to change.

The Trustees are currently looking to review the Trust Deed and to create a direct constitutional link to the Wells Community Hospital Management (WCHM) Board. This will facilitate the close working relationship required to build both the Charity Trust and WCHM in a robust and well governed manner. Our partners will be consulted as to the most appropriate governance framework and the necessary revision to the Trust Deed and strengthening membership of the Board will be undertaken during the next few months.

9.4 Governance Framework

Following the revision of the Trust Deed, the Board of Trustees of WHHT and the Board of Directors of WCHM will develop a revised governance framework which adheres to the principles of good governance as set out in the document: Key Principles of Good Governance (Charity Commission 2009).

9.5 Clinical Governance

The Clinical Governance framework for Wells Community Hospital will include the following four key elements

1. Standards

This is guided by national policy such as the National Institute for Clinical Excellence (NICE), National Standards Framework (NSF)¹ and the Care Quality Commission (CQC). Standards will also be aligned with local NHS Commissioning policies.

2. Education

Wells Community Hospital has a philosophy of life-long learning for all staff, volunteers, visitors and patients, which aims to promote physical and mental wellbeing and maximise any potential for ongoing development.

3. Communication

Wells Community Hospital believes that multidisciplinary working across the traditional boundaries of the voluntary, health & social care sectors, maintains good working relationships and promotes flexible practice. Development of information technology facilitates this and helps promote communication and efficiency. Wells Community Hospital intends to take full advantage of technological advances, in both provision of services and in operational management.

4. Staffing

The Knowledge and Skills Framework¹ is used to provide a development tool for all staff. There is a commitment to clinical supervision and an ongoing educational programme.

Public involvement, review of policies and procedures and systems which facilitate the analysis of incidents and complaints ensure the organisation is able to deliver sustainable, accountable, patient focussed, quality assured health care.

¹ The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process (October 2004) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

Section 10. TIMETABLES

This SOC sets out a way forward for Wells Community Hospital which will help meet the health and social care needs of the people in the Wells and Burnham Market area and provide a location for the provision of health and social care commissioned services. It will also go towards meeting the hopes and aspirations of local people who strived so hard to sustain the Hospital when the inpatient beds closed in 2005.

In order to deliver this, efficient, effective and robust project management arrangements are required to ensure:

- The project is delivered efficiently and to time;
- There is local ownership that is as wide as possible;
- All stakeholders are properly consulted and informed;
- The benefits are realised and national targets are met;

Project Milestones

-	Strategic Outline Case (SOC) Approval	November 2009
-	Outline Business Case (OBC) Approval	March 2010
-	Full Business Case (FBC) Approval	July 2010

Key project milestones in relation to the building works will be outlined at the OBC stage.

Procurement Strategy

This document is a SOC. A detailed procurement strategy and project timetable will form part of the OBC stage.

Project Management Arrangements

Project management arrangements of this scheme will be described in more detail at the OBC stage.

Section 11. CONCLUSION

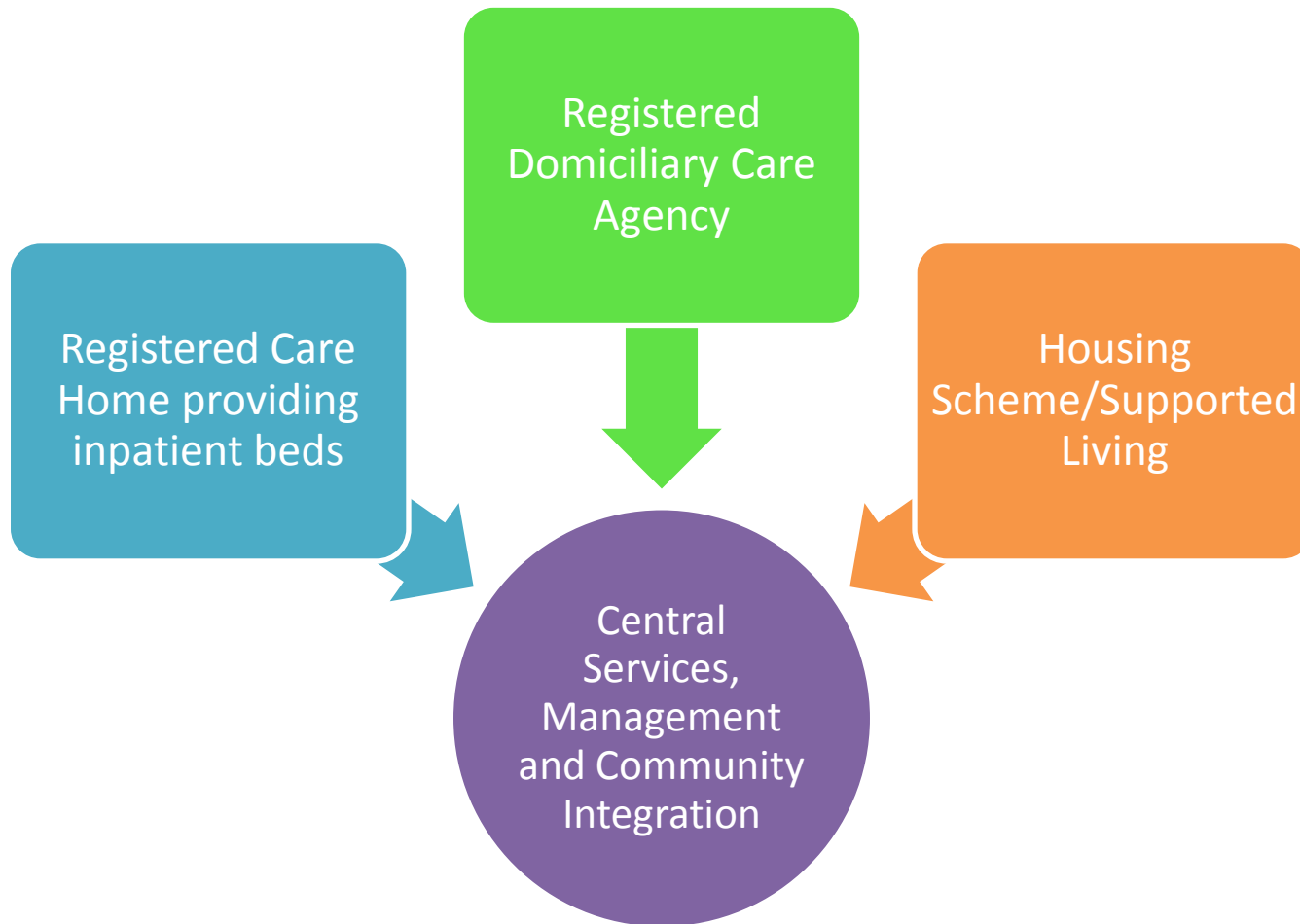
In conclusion, the Board of Trustees of Wells Hospital and Hospice Trust and the Board of Directors of Wells Community Hospital Management Ltd are committed to working in partnership to provide a wider range of flexible health and social care services that will deliver in practice the vision outlined in the commissioning strategy of NHS Norfolk.

This will assist NHS Norfolk in reducing the gap in health inequalities and enable all members of the local community to have access to a range of high quality, flexible, locally based services which promote dignity, choice and independence.

Appendices

- i. Service overview
- ii. Catchment area
- iii. Key partnerships diagram

Wells Community Hospital Service Overview



Wells Community Hospital

Key Partnerships

