

Report title: Community inpatient beds	
Report to: Health Overview Policy and Scrutiny Committee	
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Date: 7 July 2022	For: Discussion
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County Divisions affected: Not applicable	

1. Introduction

To update the Essex Health Overview Scrutiny Committee on the work that the Mid and South Essex Integrated Care System (ICS) is undertaking to reconfigure the provision of community beds within mid and south Essex. This will include the work done so far and the pre-consultation engagement undertaken with a range of staff and service users across the three key service areas, intermediate care beds, stroke and frail older people.

2. Action required

The committee is asked to:

- Note this update
- Agree to receive proposals on the consultation approach at a future meeting

3. Background

3.1 At the Committee's meeting in November 2021, a detailed paper was presented which set out the plans of Mid and South Essex ICS to mobilise a significant programme to review the location, configuration and focus of NHS provided community in-patient beds.

3.2 This paper is attached at Appendix 1. The paper outlined the current and pre-COVID-19 configuration of community in-patient beds, together with the case for change. Key factors driving the case for change include the need to:

- implement a **more consistent model for intermediate care beds** that is better aligned with our community-based care services and the wider out of hospital system
- address significant shortages in the way we provide bed-based community **stroke rehabilitation**
- decide whether **urgent, temporary changes made in 2020 to support the response to COVID-19 should be made permanent** or whether a different configuration is now more appropriate

3.3 The November paper signalled that, subject to more detailed work being completed on the options and the completion of pre-consultation engagement (the approach to which was set out), a period of public consultation is likely to be required later in 2022. The Committee was asked to:

- note the plans to commence engagement on the future focus and location of community in-patient beds
 - agree to receive regular updates on this matter
 - note that in future a request may be made to request this committee to form a joint Scrutiny Committee
- 3.4 Despite a delay to the programme due to Omicron, we have continued to make progress. This includes further refinement of the options, completing an external clinical review (the East of England Clinical Senate) and completion of pre-consultation engagement.

4. Background

4.1 Development of the options

The Committee will recall that historically community in-patient services have been provided from six main sites across mid and south Essex. These sites are located in Billericay, Brentwood, Halstead, Maldon, Rochford and Thurrock, and included intermediate care, stroke rehabilitation and sub-acute frailty services.

- 4.2 Since the last update to the Committee, we have now completed detailed bed modelling for each service area, building in estimates of likely future demand to determine roughly how many beds are likely to be needed to meet the current and future needs of local people. At a headline level, the modelling suggests that the mid and south system is likely to need to make use of all existing sites in the future.

- 4.3 Given this, the programme's recent focus has been on identifying options for which services might be provided from each site. To support this, we have completed analysis of:

- Projected travel times for patients, carers and families
- The proposed staffing models for intermediate care and stroke rehabilitation
- The condition of the existing estate
- The likely capital and revenue requirements
- The connections between the beds and other services (for example, the hospital-based stroke pathway)
- An initial integrated impact assessment

- 4.4 The analysis has been regularly shared with a wide range of stakeholders, including the Directors of Adult Social Care and teams in the council who focus on capacity planning for intermediate and residential care.

- 4.5 The configuration options and supporting analysis are currently being refined and consolidated into a pre-consultation business case. It is anticipated that the key elements of this will be available for consideration by the Committee later in the Summer.

5. Clinical Senate

- 5.1 A key element of the programme has been to obtain an independent, external assessment of the service model and configuration options being developed. This has now been provided by the East of England Clinical Senate, who convened a panel of 12 experts to review the programme's proposals.

- 5.2 The Panel conducted its review in March and April 2022. The Panel included patient representatives as well as clinical leaders for stroke, intermediate care and frailty services.
- 5.3 The questions the Senate was asked to consider were:
- Overall – are the emerging options for the future configuration of community inpatient beds likely to result in good patient outcomes and support the flow of patients through the system’s beds?
 - Intermediate care beds: is the clinical model for ageing well, our older peoples programme and the proposed focus and potential locations of community beds likely to contribute to improving outcomes for patients?
 - Stroke: is the proposed introduction of dedicated, ring fenced stroke rehabilitation beds in the community aligned with the current evidence base and likely to improve patient outcomes?
 - Sub-acute frailty: is the model that has been developed clinically sound and likely to result in at least comparable outcomes to acute in-patient wards for frail older people, and how might it be further developed over time?
- 5.4 The Senate report – which is owned by the Senate, not the ICS programme - will be published later in 2022. An early version has however been shared and is broadly positive in its assessment of the models of care, the work to date and the clinical pathways and the emerging options. The final report will include recommendations on how the proposals might be further developed or strengthened, which will be addressed prior to any public consultation.

6. Pre-consultation engagement

- 6.1 As part of the pre-consultation engagement, we commissioned a specialist consultancy to support our work. Kaleidoscope undertook this work in-between Jan-April 2022.
- 6.2 They undertook both qualitative individual and group interviews which were conducted virtually. There were semi-structured interviews and small public groups with 15 participants.
- 6.3 Engagement with staff was undertaken through three workshops, supported by an online survey that was available to all staff.
- 6.4 43 local and national insight and evidence documents were also evaluated as part of the literature review and Kaleidoscope undertook a thematic analysis of the emerging themes.
- 6.5 The final engagement report is attached to this paper as Appendix 2.

7. Highlights from the engagement report

- 7.1 Some of the key themes from the engagement were;
- Local access and getting care at the right time was identified as one of the most significant challenges associated with community bed-based care and very important for a patient's rehabilitation or enablement journey.

- Challenges around transport cost and availability was a recurrent theme and 10-20 miles away, was considered a long way. There was an overwhelming consensus that the location of community beds provision should be as geographically close to patients' homes as possible.
- Community in-patient settings provided an opportunity for more holistic, personalised care, compared to the pressures of acute hospitals, which was seen as a positive benefit.
- Negative impact of failed discharges was a significant theme.
- There were concerns about whether the in-patient community care workforce has the skills and training to support patients with increasingly complex needs, along with the right facilities to support those patients. It was also important to ensure that the settings are appropriate for stroke rehabilitation and that the patients have speed of access to those services.

7.2 And finally; the 'home first' approach was widely seen to be the best approach where the relevant skills and capacity were available.

8. Key themes around staffing

8.1 Key messages from the staff workshops included;

- Locations require appropriate staff numbers with right skills mix and to fill vacancies quickly
- There should be less reliance on agency staff
- Multi-Disciplinary Team working is essential
- Therapy staff provision should be provided seven days a week

9. Conclusion

9.1 The importance of good community bed-based care was felt across all stakeholder groups with quality rehabilitation and reablement emphasised as a vital part of a patient's journey and recovery.

9.2 This should include improved discharge planning and support to get patients home, a strong, resilient, and well-trained workforce plus good communication (both between staff and patients and carers and between community bed-based care and other parts of the system).

10. List of Appendices

Appendix A: Community Beds in Mid and South Essex

Appendix B: Report from pre-consultation engagement with community, staff and patient stakeholders – April 2022