4 November 2021	ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee	
Community Inpatient Beds in Mid and South Essex	
Report of: On behalf of Mid and south Essex Clinical Commissioning Groups	

1. Introduction

The purpose of this paper is to (a) update the Committee on the current status of community inpatient beds across mid & south Essex, following recent changes that were implemented as a result of COVID; and (b) to advise the Committee of our plans to now commence a period of engagement on the future function and location of these beds.

In discussion with the Committee, we plan to commence engagement with the public, our staff and stakeholders in November 2021 in order to help shape and refine the possible future service model, with a view to commencing public consultation in early 2022.

2. Action required

The Committee is asked to:

- Note the plans set out in this paper to commence engagement on the future focus and location of community inpatient beds in mid & south Essex; and
- Agree to receive regular updates from the mid & south Essex Health and Care Partnership on this matter; and
- Note that in future the mid & south Essex Health and Care Partnership may request that this Committee form a joint Scrutiny Committee with colleagues from Essex and Southend committees

3. Background and key issues

Overview

Community hospital inpatient beds provide short-term rehabilitation services to care for people who are either too unwell to stay at home or who are being discharged from hospital but require additional support. Very often, these are frail older members of the community who have been admitted to one of our main acute hospitals, or are people who have suffered a stroke and who, following a short stay in a main acute hospital, require specialist bed-based rehabilitation.

Across mid and south Essex, we have historically had around 115 community beds spread across several locations. The main sites are:

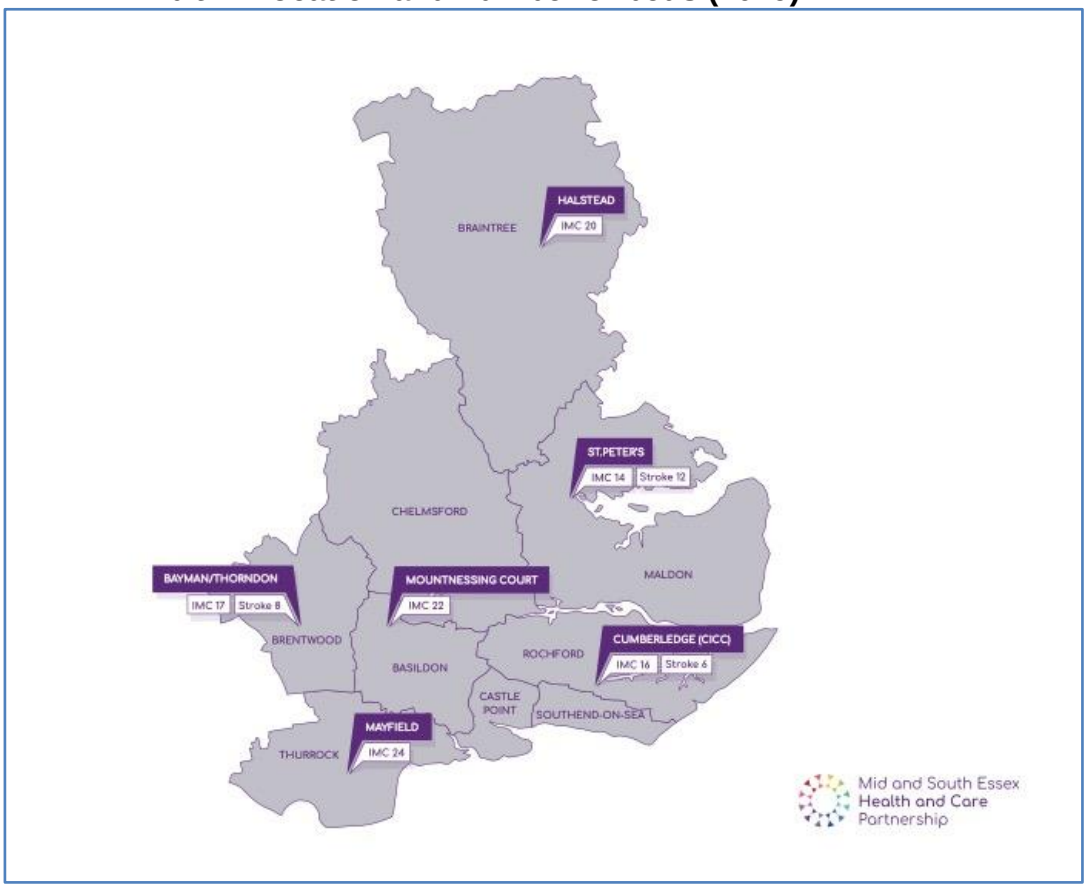
- Billericay
- Brentwood
- Halstead
- Maldon
- Rochford
- Thurrock

Over the last 18 months, an average of 200 people were admitted to these beds each month, and the average length of stay is 18 days. The most common reason for admission is rehabilitation.

Configuration of community beds – 2019

The exhibit below shows the location and number of community beds in 2019*, prior to any of the changes introduced in response to COVID*. At that point, there were two main types of beds – intermediate care (IMC), which generally provided care for people who were well enough to be discharged from a main hospital but were not yet able to return home, and stroke care beds, which provided rehabilitation for people who had suffered a stroke.

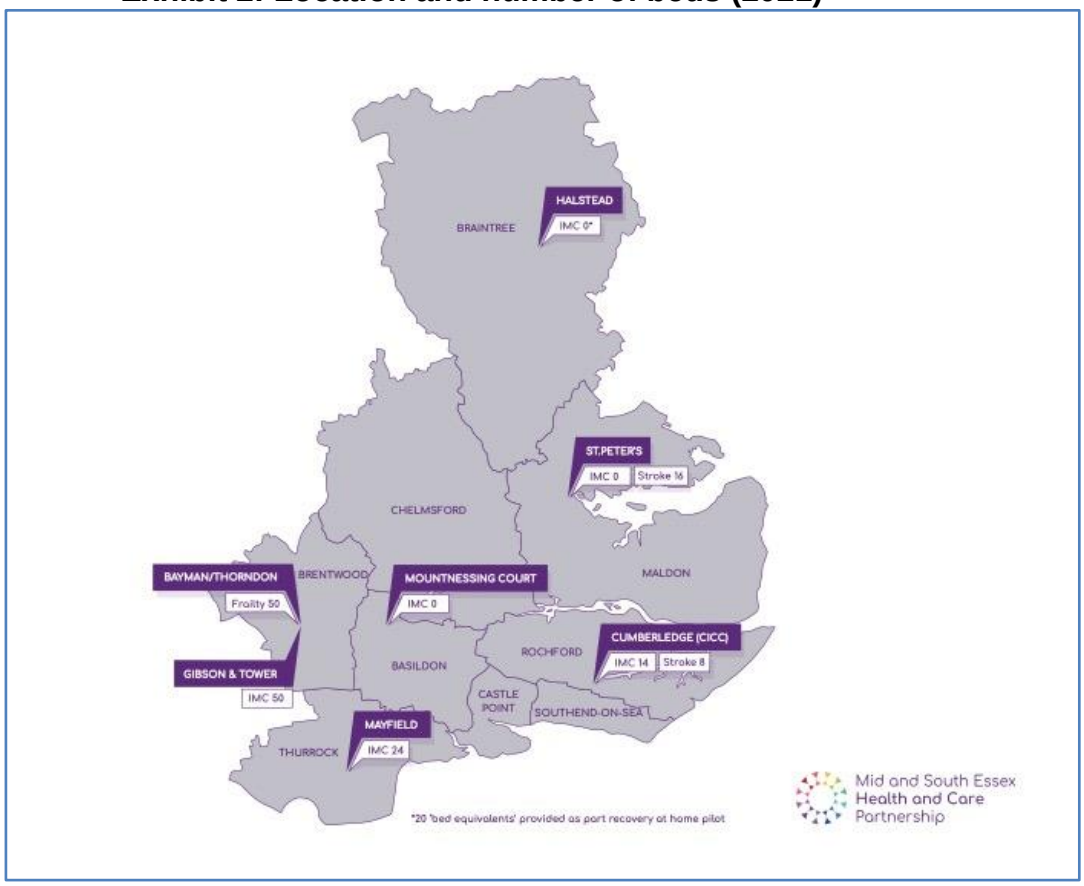
Exhibit 1: Location and number of beds (2019)



Configuration of beds - 2021

One of the many urgent changes made in response to COVID was to significantly alter the location and mix of community inpatient beds. These changes resulted in the following configuration, which remain in place currently:

Exhibit 2: Location and number of beds (2021)



A key change that was introduced involved moving two acute wards that focus on caring for frail older people from the main Basildon Hospital site to Brentwood Community Hospital. This was driven by the need to rapidly increase capacity at the main hospital to meet the additional demands of the first and second waves of the pandemic (especially the need for more critical care beds); the importance of physically separating people with and without COVID in order to minimise the spread of infection; and the need to make best use of the available staff.

In addition, as part of the urgent changes intermediate care beds were relocated from both St Peter's Hospital in Maldon, and Mountnessing Court, Billericay.

In the north of the County (Halstead), we replaced the community beds with an intensive home recovery service, with the teams who were previously based on the ward providing intensive support to people in their own homes.

The case for change

Following the urgent changes made to the configuration of community beds as part of the response to COVID, in recent months a number of our clinical leaders been considering what the future configuration of community inpatient and acute frailty beds could look like. Our work has been driven by the twin objectives of improving outcomes for patients and ensuring we make best use of the available resources and capacity.

In considering these issues, we have been looking at four main elements: overall hospital bed capacity and flow; stroke rehabilitation; intermediate care; and frailty. These four elements form the core of the emerging case for change.

Overall bed capacity and flow

One of our key considerations is how in future we use the available bed capacity – acute as well as community hospital - to support the overall 'flow' through the system. Getting this right is key to ensuring that we have enough capacity to both respond to emergency pressures (including any future waves of COVID) and to reduce waiting times for elective or planned care.

Alongside a wide range of services and partners, community inpatient beds play a key role in enabling people to be discharged from our main hospitals as soon as they are medically fit; without this capacity, people's length of stay in our main hospitals would increase, making it more difficult to ensure there are beds available for emergencies.

Alongside this, as a result of COVID we now have long waiting lists for elective or planned care. We are determined to reduce these waiting times as quickly as possible, and to do so we need to ensure there is sufficient bed capacity (including in critical care).

Stroke

There are very clear national standards for optimising stroke care, including for rehabilitation following emergency treatment at a main acute hospital. Meeting these standards will be key if we are to consistently achieve the best possible outcomes for all people across mid and south Essex who suffer a stroke.

Initial work by our clinical leaders and their teams suggests that, to meet these standards and to take account of our growing, aging population, we will need to increase the total number of stroke rehabilitation beds we have, and may need to consider consolidating the number of sites services are provided from. This is to ensure that the vital specialist skills that are required for successful rehabilitation are not diluted.

Our objective is to make sure that in future we improve outcomes for patients by developing a consistent approach to stroke rehabilitation across mid and south Essex.

This work builds on the 2017/18 consultation *your care in the best place*[1], which considered a wide range of issues, including how the three hospitals in mid and south Essex might in the future work together to improve outcomes by separating planned and emergency care as far as is possible, and by concentrating a small number of highly specialist services (such as stroke, complex gynaecology, respiratory and urology, as well as vascular services) on to a single site. The consultation also proposed the closure of Orsett hospital, after existing services had been appropriately located, a process which was underpinned by a Memorandum of Understanding.

Intermediate Care

Intermediate care beds form one element of a much broader set of services that aim to help people remain in their own homes for as long as possible or, if they require admission to an acute hospital, support their discharge and return home.

Our clinicians have been considering the future role of community intermediate care beds as part of our wider work as part of our local response to the national Ageing Well programme, including getting the balance between beds and wider community resources right. Our initial assessment suggests that although we have roughly the right number of beds in total, there is some inequality of access across mid and south Essex, and there is unwarranted variation in the care model across the patch. We think that we could do more to embed a more consistent care pathway across mid and south Essex, building on the evidence base and our own experience.

Our objective is to ensure that in future the role of intermediate care beds is clearly and consistently defined across mid and south Essex. Within this, the engagement will enable us to ensure that any proposals for future community inpatient provision are fully aligned with emerging place-based/Alliance plans, as well as the wider pattern of services provided by other partners, including social care.

Frailty

As noted above, during COVID we moved two acute wards (approximately 50 beds) that focus on caring for frail older people off the main Basildon hospital site to Brentwood Community Hospital.

We are currently evaluating outcomes for patients in these two relocated wards. Based on this information and other information, we will need to decide whether to make this temporary change permanent; whether to move the two wards back to the main hospital site; or whether to explore alternative locations for these wards.

[1] For more detail on the 2017/18 consultation, refer to the Decision Making Business Case (DMBC), http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/

Timetable

We are keen to now discuss some of the thinking so far and possible models for the future configuration of community beds with the public, staff and wider stakeholders. This will help us to identify the full range of options, as well as the pros and cons of each. We plan to do this during November and December 2021.

Following this initial engagement phase, we hope to be in a position to clearly articulate the most promising options for the future number and locations of intermediate care beds, and to then use this as the basis for formal public consultation. We will work closely with this Committee on the details and timing of this, but at this point we envisage starting consultation in early 2022.

Depending on the results of any future consultation, we anticipate that we will be asking the relevant Boards to make decisions on the future configuration in the summer of 2022, with implementation commencing in the Autumn.

Proposed engagement process

The focus of our pre-consultation engagement will be on seeking the opinions of patients, carers, stakeholders and partners on the local health services to be provided in a number of community inpatient settings and to gather views on current and potential service offers.

Alongside this, we will also ask for views on the criteria that we are likely to use in future as we seek define and narrow down future options.

We will examine themes and insight from our existing engagement work, with particular reference to the conversations had around the develop of our local response to the NHS Long Term Plan.

The main focus of our approach will be on the patients and people who represent patients that could be directly affected by the potential changes in the provision of community beds. We plan to do this through targeted engagement, with a strong emphasis on the views of carers.

Will we seek to work with advocacy and support groups including Age UK Essex, The Stroke Association and Essex Carers Support to promote this dialogue.

Over the next few months our clinicians will continue to undertake detailed work to further develop possible service models. As part of this, we will be considering the potential to improve clinical outcomes and patient experience; the impact on staffing; the numbers and types of patients needing our services; and the financial requirements.

We will also be engaging with staff who currently provide services in order to gather their views and insights as we develop our thinking.

This period of pre-consultation engagement with the public and other stakeholders will help to inform and refine the possible service models and options. As part of this we will be engaging with Local Authorities in particular Adult Social Care colleagues on the whole system impacts.

This will then be incorporated into a pre-consultation business case for consideration by a range of groups across mid and south Essex, as well as by NHS England as part of the assurance process.

During this period we will also be engaging with the East of England Clinical Senate, who will provide and external clinical view of emerging thinking and service models.

The proposals contained in the final pre consultation business case will then be subject to formal public consultation. We will work closely with colleagues from the three mid and south Essex HOSCs to agree the details of this process.

Both the pre-consultation and any subsequent formal consultation will be progressed based upon the following principles:

- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about proposed changes in service delivery;
- We will be transparent and accountable in the rationale for the current situation and future proposals;
- We will consider all suggestions put forwards in the development of options;
- We will seek to maintain the reputation of the NHS as a whole; and
- We will respond to questions raised by those with concerns in a timely and informative manner.

Joint HOSC

As any future consultation would span the whole of mid & south Essex, at the appropriate juncture we would be keen to discuss with the Committee the potential to form a Joint Health and Overview Scrutiny Committee (JHOSC), comprising members from Thurrock Council, Southend-on-Sea Borough Council and Essex County Council.

4. Update and Next Steps

Subject to discussions with this Committee, and with the Overview and Scrutiny Committees in Essex County and in Southend, we plan to start our engagement activities later in November, and to continue discussions for approximately 2 months.

We propose bringing back a summary of the main points from the engagement to this Committee in early 2022, together with a plan – for discussion – on how and when to move to public consultation on the main options. In general, 'formal' public consultations take place over a 12 week period, although naturally this varies depending on the topic and when the consultation is held.

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