3 November 2022		ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee		
Community Inpatient Beds in Mid and South Essex		
Wards and communities affected:	Key Decision:	
All	N/A	
Report of: James Wilson, James Wilson, Transformation Director Mid and South Essex Community Collaborative		
Accountable Assistant Director: N/A		
Accountable Director: N/A		
This report is: Public		

Executive Summary

The purpose of this report is to update the Committee on work that is ongoing across Mid and South Essex (MSE) Integrated Care System (ICS) on the potential future configuration and focus of community inpatient beds.

This is the latest in a series of updates to the Committee

1. Recommendation(s)

The Health and Wellbeing Overview and Scrutiny Committee is asked to:

- Note this update.
- Agree to receive detailed proposals on any potential public consultation at a future meeting.

2. Introduction and Background

At the Committee's meeting on 04 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. The Committee has been provided with periodic updates on progress since this point, most recently in September 2022.

Community hospital inpatient beds provide short-term rehabilitation services to care for people who are either too unwell to stay at home or, more often, who are being discharged from hospital but require additional support. In

general, 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.

Previous papers have outlined the current and pre-COVID-19 configuration of community in-patient beds across MSE, 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 wider community-based health and care services and the wider out of hospital system, including the recent development and expansion of virtual wards
- address significant shortages in the way bed-based community stroke rehabilitation is provided
- 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. Progress to date

In recent months, considerable progress has been made, including the development of a range of configuration options, based on making best use of the existing community estate.

Specifically, the programme has now completed:

- detailed bed modelling, to determine the likely future number of intermediate care and stroke rehabilitation beds required across MSE
- an initial analysis of travel times, considering both private and public transport journeys
- an assessment of the condition of the existing estate and potential work required
- an detailed external clinical review of the emerging model for intermediate care and stroke, conducted by the East of England Clinical Senate
- initial pre-consultation engagement with patients, the public, staff and other stakeholders, the results of which were shared with the committee at its meeting on 01 September 2022

4. Current position

Since the programme mobilised in late 2021, there has been a general exacerbation in the pressure faced by hospitals, with capacity regularly becoming stretched. This has been a common pattern across most parts of England, including MSE.

One consequence of this pressure has been an increased focus on maximising the total number of beds available across the whole system to care for patients – acute and community. Recent guidance issued by NHS England (https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/) emphasised the importance of maximising bed capacity, including the delivery of additional beds where previously 'moth-balled' beds or wards are available.

As a result of the above, consideration is now being given to the feasibility of bringing forward the re-opening of the intermediate care beds at Halstead Hospital and Mountnessing Court (Billericay), both of which have been closed since 2020.

If this first step is feasible and implemented, then this would broadly reflect the pre-2020 position for intermediate care, with beds provided at:

- Mayfield (Thurrock)
- Brentwood
- Halstead
- Cumberlege (Rochford)

It is important to note that, although the beds at Mayfield have remained open throughout this period (and there are no proposals to significantly change this service) the programme is liaising closely with Council Officers to ensure that future provision is aligned with the development of Integrated Medical and Wellbeing Centres.

If the beds at Mountnessing Court and Halstead are reopened, further consideration would then be given to the possible future location of stroke rehabilitation beds.

The Committee will recall that at present, there are no dedicated, ringfenced community stroke rehabilitation units in MSE. As a result, services locally do not fully comply with national standards or best practice. Addressing this, therefore, is a priority for the programme, and proposals are being developed for where such ringfenced capacity might best be provided from. Determining a final configuration will likely require public consultation, as it may constitute a significant service change.

5. Consultation (including Overview and Scrutiny, if applicable)

As outlined above, the key element of the Community Inpatient Beds programme that may require public consultation is stroke rehabilitation, as it is likely that proposals to established dedicated facilities would require some redesignation of bed capacity.

6. Impact on corporate policies, priorities, performance and community impact

All information regarding Community Equality Impact Assessments can be found here: https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/

Report Author:

Andy Vowles
Cambridge Health Consulting