



Mid and South Essex  
Health and Care  
Partnership

# Health and Wellbeing Overview and Scrutiny Committee

Thursday 4<sup>th</sup> November 2021

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Agenda Item 6



# Introductions

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# Purpose of this item

To share with the Committee work we have been doing looking at the possible future number and location of community beds across mid and south Essex

To discuss our plans to now commence a period of engagement on some of the key issues

To agree how we will work alongside the Committee as we develop and consult on potential options



# Context (1/3)

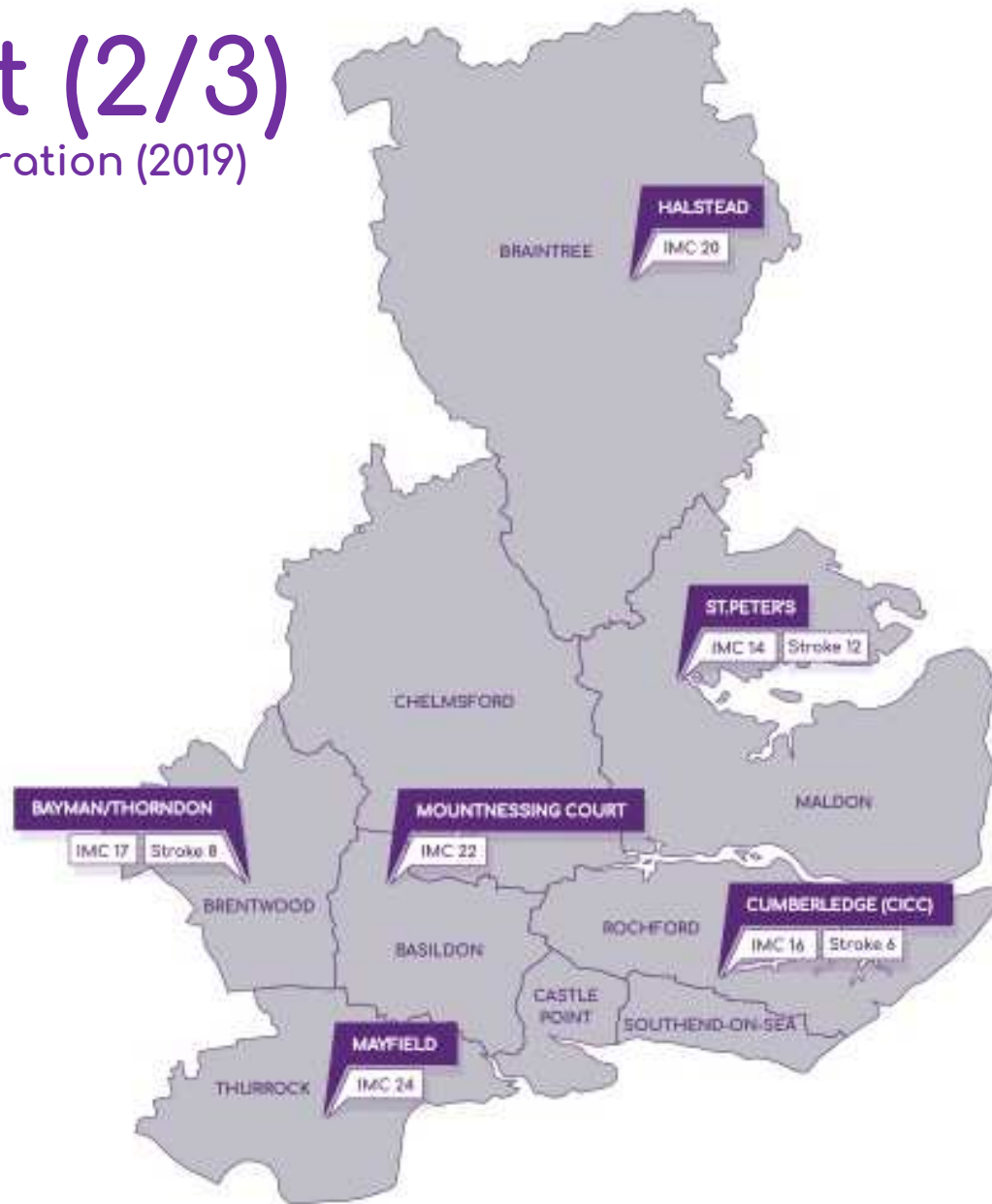
There are three main drivers behind this work:

- we need to decide whether to make some of the urgent changes we made to our community beds during Covid permanent
- we have been reviewing stroke rehabilitation and how we might in the future need to change the bed numbers and configuration to meet demand, improve outcomes and comply with national standards
- we have been developing our ageing well programme, a key aspect of which is determining the role, location and number of community intermediate care beds

# Context (2/3)

Pre Covid configuration (2019)

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Notes:

1. IMC = Intermediate Care
2. In 2019 only Thorndon ward @ Brentwood was open

# Context (3/3)

Current configuration

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Note: 20 'bed equivalents' provided as part recovery at home pilot in Halstead



# Key issues for engagement

## Acute frailty

- we need to determine whether the frailty care now being provided in two wards in Brentwood Community Hospital should be made permanent to support (a) wider hospital pressures and (b) reducing waiting times for planned care

## Intermediate care

- we need to ensure that we have the right number of intermediate care beds in the right locations to best meet the needs of our population
- we need to embed a consistent intermediate care pathway, with community beds that are integrated with – and accessible by – each of the place-based community teams

## Stroke

- we are likely to need to expand the number of community-based rehabilitation beds in MSE to meet future demand
- we will need to consider consolidating future provision on to a smaller number of sites to ensure expertise is not diluted, that the pathway is consistent and to meet national standards

## Decision-making Criteria

- We are keen to share and discuss the criteria that we could use in the future to evaluate and narrow down the possible options



# Proposed approach to engagement

Our engagement focus will be on seeking views from patients, staff, carers, stakeholders and partners on current services as well as potential changes

We will bring in an independent partner to deliver targeted engagement work based on the initial Equality Impact Assessment (EQIA), which will highlight those people that are most likely to be affected.

Activities will include workshops and focus groups and the production of an independent feedback report

We plan to:

- Utilise our strong links with key advocacy groups including Age UK Essex, Stroke Association, Essex Carers Support and MSE VCSE network
- Engage our system wide citizens' panel (Virtual Views) to "temperature check" high level principles
- Link with system engagement network to gather intelligence and co-ordinate activities





# Outline timetable

From November:

- Targeted engagement work begins
- Start of the NHS England assurance process
- Initial engagement with east of England clinical senate

Early 2022:

- Share conclusions of the engagement process
- Draft the pre-consultation business case to set out the main issues and options
- Develop a plan and timetable for consultation, in discussion with this Committee

Spring 2022

- Period of consultation on the options

Summer 2022

- Decisions on preferred option



# Issues for discussion

The Committee are asked to:

- Note our plans to engage on the possible future focus and location of community inpatient beds
- Agree to receive regular updates
- Note that in future we may request that a joint mid and south Essex-wide Scrutiny Committee is formed