

3 September 2020		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
Temporary reconfiguration of NHS Community Beds across Mid and South Essex including Mayfield Ward from Thurrock Hospital to Brentwood Hospital		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Tania Sitch, Partnership Director, Adults Health and Social Care Thurrock (NELFT and Thurrock Council)		
Accountable Divisional Manager: Brid Johnson – Divisional Manager NELFT		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is public		

Executive Summary

In response to the need to create additional Community Hospital Beds quickly to respond to the Covid Pandemic, Brentwood Community Hospital (BCH) was reconfigured and Mayfield Community Hospital Beds were moved temporarily to BCH in April 2020. The Mid and South Essex partners now need to agree a medium-term solution to manage the demand for community inpatient beds during surge over the winter period.

Following a review by all partners of 19 possible options for delivery of community beds over winter, four options are now being given full consideration, based on operational delivery, to manage the medium-term demand for community inpatient care from September 2020 to March 2021. Additional queries have been raised by a health planner brought in as part of the considerations that need to be addressed. The outcome of the four options being considered should be available to update verbally at the meeting on 3 September 2020, but was not available at the time of writing this report.

Creating a medium-term solution is to allow time for the system to reset following COVID-19 and system wide plans to be developed to understand the permanent capacity needed and full potential of the model post March 2021. A full business case for community beds for the MSE, considering the whole intermediate care pathway, will need to be produced by end January 2021 and there will be opportunities to comment and be engaged in that business case.

1. Recommendation(s)

1.1 For the Health and Wellbeing Overview and Scrutiny Committee to note and comment on the updated position of the Temporary reconfiguration of NHS Community Beds across Mid and South Essex including Mayfield Ward from Thurrock Hospital to Brentwood Hospital.

2. Introduction and Background

2.1 The provision of Community Beds moved from Thurrock Community Hospital to BCH in April 2020. This was at short notice and to respond to the need for additional beds to meet the demands of the pandemic. This was always intended as a temporary position. The MSE partners are now planning for winter and considering the best options to meet demands on Community Beds.

2.2 Modelling of the demand for Community Beds over the period identified has been carried out by Newton Europe, a piece of work commissioned by the MSE system. The modelling shows that to ensure we have enough capacity to meet demand we need 239 community beds:

Bed Type	Bed no's.	Additional Information
Acute (BTUH)	70	Beds that need to move out of BTUH to allow BTUH to become the critical care centre for the MSE over winter.
Stroke	26	Ideally would have one location for all stroke beds.
Step down/up	143	
Total	239	
Step down/up capacity at Brentwood	77	Bed capacity available is 147. 70 beds will need to be acute beds moving from BTUH.
Extra Step down/up needed addition to Brentwood	66	Gap between the Step down/up beds identified as being needed to cope with demand and the number of beds available at Brentwood.
Extra Step down/up needed including stroke	92	Beds needed in addition to Brentwood.

This modelling, and the information and options set out in this paper, considers the context we are currently working in – we are still in the middle of a global pandemic, operating under the COVID-19 context guidance. There is a significant amount of ‘unknown’ on whether there will be a second wave of COVID-19 and further lockdown, and the impact of the winter months and the usual problems they bring on the health and care system. As a system we must be prepared and do what we can to ensure we are in the best possible position to cope with surge if and when it happens.

2.3 The MSE system made the decision to consolidate the community wards in phase 1 of COVID-19 and the beds are currently in that consolidated position. The key reason for doing so was to focus available staffing resource onto two central sites for the 1.2million population of Mid and South Essex in order to support as many patients as practicable. It was recognised then and must be now, that staffing is the greatest risk there is to being able to cope with the anticipated demand and whatever sites are decided upon for the beds; we cannot open them if the staff are not in place. It's important to note that operating under the context of COVID-19 the service offer has changed and requires a higher acuity of care provision as patients are discharged when medically optimised (as opposed to medically fit); discharges occur 7 days a week often within hours of the decision to discharge being made and the ability to offer a step-up model to reduce acute admissions.

There was already a staff challenge prior to COVID-19 with vacancy rates. There is now the added risk of a second COVID-19 wave, additional sickness (potentially due to burnout where staff have been working tirelessly over the last few months dealing with phase 1 of the pandemic), BAME staff and other at-risk staff who we know are more at risk from COVID-19 and the associated mitigation and the impact of staff wanting to take annual leave that they haven't taken over the last few months.

There has been a significant benefit of the increased medical input in the community hospitals, particularly overnight and this has meant a reduction of 13% in the number of patients being readmitted to the acute hospital.

It is acknowledged that staff who worked at Mayfield when it was in Thurrock have all transferred to working from Brentwood. Their support has been greatly appreciated during this time. They have been supported with travel where required and this would continue if the decision is for Mayfield to remain at BCH for the winter period.

2.4 The four options that are being taken to full consideration are:

		Bed numbers	No. of sites
Option 2 Total - 239	Maximum beds at Brentwood	147	3
	In Mid Essex 49 Braintree beds move to a single facility that can also offer additional capacity for the rest of the beds needed. Location TBC. Howe Green site is an option that has been explored	70	
	Beds return to CICC	22	
Option 8	Maximum beds at Brentwood	147	4
	Keep one ward at Braintree (stroke)	26	

Total - 239	Move back to Halstead and maximise capacity to meet additional requirements needed	44	
	Beds return to CICC	22	
Option 18 Total – 239	Beds all return to previous locations pre COVID-19	139	6
	Additional capacity needed remains at Brentwood as wards already in place	100	

The fourth option is as option 18 but with no additional beds at Brentwood.

3. Issues, Options and Analysis of Options

3.1 This paper sets out the options that are being considered for this winter period. Two of the options will leave Mayfield at BCH for the winter period and two options will see Mayfield return to Thurrock Community Hospital site. The consideration for the options is taking into account the financial impact, staffing required and operational and clinical safety issues.

4. Reasons for Recommendation

4.1 To update the Committee on Phase 2 of the Community Beds and decisions regarding Mayfield Community Hospital location this winter.

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

5.1 Partners in the MSE group are being consulted on the options for Phase 2 of this programme. More extensive consultation will take place in regard Phase 3 and the longer term provision of Intermediate Care and Community Hospital beds.

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

6.1 The staff working at Mayfield are NHS staff and will be supported through NELFT processes and procedures.

6.2 Mayfield only provides short term care for patients and therefore there are no long term residents to be considered. In order to manage the demands and capacity of Community Beds, all patients across the Mid and South Essex Area are being cared for at the provision that has vacancies, and choice of where short term care is provided is not a requirement under new Discharge Requirements. Therefore all provision may have patients from across the Mid and South Essex Area and Thurrock patients may be placed in a facility in the MSE area. Patients, relatives and carers of Thurrock patients therefore may need to travel further to see their families.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead – Corporate Finance

Any decisions around future funding of these health beds is being made through the System Leaders Finance Group where Thurrock Council is represented at a senior level.

7.2 Legal

Implications verified by: **Lindsey Marks**
Deputy Head of Law

There are no legal implications for Thurrock Council as part of this decision.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead Community Development and Equalities

There could be temporary implications that affect some members of the community of Thurrock, in that they may need to travel to Brentwood to visit patients. This will be considered as part of the impact analysis of the options

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

MSE Community Beds – Medium Term Options paper, attached as appendix.

9. Appendices to the report

Appendix 1 - MSE Community Beds – Medium Term Options paper.

Report Author:

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