

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 7th December 2021

Title of report: Beds Remodelling

Purpose of report: To consider proposals to reconfigure the dementia and Intermediate Care Beds across Moorlands Grange, Castle Grange, Ings Grove House and Claremont House to include a temporary decant of The Homestead Day Service

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan</u> (key decisions and private reports)?	No
	Private Report/Private Appendix – No
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name	Richard Parry 26/11/21
	N/A
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	IVA
Cabinet member portfolio	Clir Musarrat Khan

Electoral wards affected: Mirfield, Crosland Moor and Netherton, Newsome, Heckmondwike

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? N/A

Page 2 of the report

1. Summary

The proposals presented in this paper outline both short and medium-term implications of the Council's in house residential (IMC) homes, facilitated through strategic developments with Locala and pressures through the Adults Capital Development strategy, with a proposal to reconfigure the Council run bed base. The proposals set out how this would be facilitated, through an improved model to utilise a 10-bed wing at Moorlands Grange for dementia respite (currently at Castle Grange) and using a wing at Castle Grange for The Homestead (LD Day Services) decant. A wing at Castle Grange is required as a temporary decant for The Homestead day service for approximately 14 months to enable successful delivery of the capital programme within projected costs.

Intermediate care (IMC) services are delivered jointly by Locala and Kirklees Council through the KILT (Kirklees Independent Living Team) approach. The care provided includes residential support, based across three sites, with a service capacity of up to 63 beds across Kirklees and wider community services including reablement.

Over the years demand for beds has been falling. Occupancy has fallen 13.5% in the last 24 months, current demand is, on average, for 48 beds (it should be noted that occupancy will have been impacted by Covid19). The events over the last 20 months have resulted in some use of these beds for non-intermediate care use, meaning true IMC usage is lower than reported levels

At the core of the proposal is a reduction in the number of IMC beds to 50 (reduction from the current 60 beds), these to be concentrated with 40 at one site (Ings Grove), with the flexibility of using an addition 10 IMC beds at Moorlands during system pressure — this together with the creation of a community based therapy team that will provide an in-home alternative for those patients who will safely benefit from that approach. This has been approved by the oversight / governance arrangements across the Council, Locala and the Kirklees Integrated Health & Social Care Business Meeting.

It is proposed the new model be implemented during December to support with winter resilience with phase one operational changes running from December 2021 to April 2022, followed by phase two based on our learning from this approach. It should be noted that contingency support is in place until March 2022.

The proposals presented would make the most of the opportunity to: (a) proactively influence the future of bed based IMC with a view to realising the benefits of the Home First model, (b) facilitate a decant opportunity for The Homestead to ensure service continuity using an existing local asset, and (c) present the Council with the opportunity to consider a flexible bed base model of care in the future at Moorlands Grange

2. Information required to take a decision

Intermediate Care Services underwent a review of the operating model in summer/Autumn 2020 including the IMC beds across Kirklees. In addition, there was the introduction of new pathways relating to Discharge to Assess (D2A) and Urgent Community Response (UCR)

The review was required to ensure the current service offer meets the needs and demand of these changes, ensuring a home first approach is taken with an ambition to reduce the length of stay (LOS) within bed settings therefore requiring more Intermediate Care support offered in the community, where service users improve more within their own home.

Intermediate care as a service has clearly established, nationally accepted parameters

"Bed-based intermediate care aims to prevent unnecessary admissions to acute hospitals and premature admissions to long-term care, and to support timely discharge from hospital. For most people, interventions last up to 6 weeks" NICE, 2017

However, as IMC is delivered within the wider context of discharge management, there is constant pressure on the service and a need to regularly refocus the service upon its intended population. Pressures that have occurred over the last year, which have affected this, include,

- The initial impact of Covid, and the pressure to urgently free up secondary care beds
- The introduction of other schemes, e.g., Discharge to Assess, and the consequent need to clearly define each service
- The introduction of parallel community based services, e.g. Urgent Community Response, the Home First model, aimed at providing supplementary and alternative pathways for patients, and reducing the number of ICM beds required

During the last 18 months different ways of working have been tested with the introduction of a flexible bed model during the summer of 2020 to help respond to Covid19 pressures. This has been updated earlier this year and a bed modelling report was produced to model the proposed changes required in order to understand variations in demand and capacity, improve the quality of care provided and enhance the community support to ensure patients can receive the service within their own home

The table below shows the outline timeframe for the proposed changes to the profile of beds in preparation for winter resilience, to meet current demand and meet projected demand for the future

Establishment	Current Bed Base	Improved Model (December 2021 onwards)	Apr 2023 review (desired model, following review and evaluation)
Moorlands Grange	30 IMC 10 transitional	10 IMC 10 dementia respite 20 transitional / flexible (includes respite and transitional capacity from Ings Grove)	20 dementia respite (mix of Specialist and Non- Specialist) 20 Flexible Beds
Ings Grove House	30 IMC 7 transitional 3 respite	40 IMC	40 IMC
Castle Grange	30 long term dementia 10 dementia respite	30 long term dementia 10 bed (Hstd Day Care, based on moving respite beds to Moorlands Grange)	40 long term dementia (mixed provision of EMI residential)
Claremont House	30 long term dementia 10 dementia respite	30 long term dementia 10 dementia respite/dementia D2A beds (to support with acute hospital pressures)	40 long term dementia (mixed provision of EMI residential)

Key changes:

- Temporary reduction of 10 beds at Castle Grange during Homestead decant
- Extra 20 x long stay dementia beds as a longer term offer in line with commissioning activity
- IMC: reduction from 60 to 50 IMC beds by Dec 2021, in the medium term a further reduction to 40 IMC beds
- Dementia respite, no changes still 20 beds but at a different location
- Above reflects demand for dementia beds and reduction in IMC linked to Home First agenda.

Our learning from the improved model will help inform our joint plans for winter pressures and inform the next steps in readiness for 2023. We are already working with Locala to develop new specifications and operating procedures for each bed type and we will continue to work together to shape the longer term model in line with our understanding of demand, capacity and outcomes

This proposal for IMC also fits well with the Council's Capital Programme objectives, offering options within both the strategic capital programme plan and service redesign priorities. The consolidation of IMC beds into Ings Grove allows for a review of the released capacity and will facilitate developments across linked services in line with anticipated service models.

This includes a realignment of the current respite offer within the dementia care homes - using bed capacity in Moorlands Grange to facilitate a broader respite/transitional offer aligned with patient need, thus enabling space to be created within the dementia care homes for an enhanced dementia day service as a temporary decant solution to support with the Adults Social Care capital schemes

The reconfiguration of the bed base is one component of a wider strategy for resilience across IMC and KILT related services, with the Council exploring additionality of funding within its Short Term and Urgent Support services (Rapid Response, Reablement etc.) to meet our ambitions for care which is closer to home. We remain engaged with commissioning colleagues across the system to ensure these proposals remain consistent with strategic commissioning analysis and plans

3. Implications for the Council

Working with People

The experiences of service users/patients and staff is at the heart of these proposals, with families consulted as part of the proposed changes to the dementia bed base, service users/patients consulted as part of the proposed improvements to the IMC bed base and staff teams (including trade unions) across the Council and Locala consulted on the holistic changes and what this means for them. Our messaging to staff has been clear, that the proposed improvements do not place their employment at risk, however, staff may be requested to work with a different profile of service users as we progress towards the proposed changes to the service offer.

Working with Partners

Locala and Kirklees Council in consultation with the CCGs and hospital trusts have been working to maintain and promote independence for people, reduce the length of time people are in hospital (or in short stay beds) and that they are the centre of all future care planning. Joint meetings and shared objectives have helped to underpin the future model of the services that the Council and Locala offer, with these proposals coming to fruition following a planning timeline of almost 10 months during which a range of

partners have been consulted and engaged through their respective governance arrangements. We have also engaged with Primary Care to ensure the appropriate medical cover arrangements in place to respond to the improvements across the bed bases and respond to an increasingly complex service user/patient profile

Place Based Working

The proposals presented are based on:

maintaining a core resource of 40 IMC beds as the offer across Kirklees and to concentrate these on one site on the border of North and South Kirklees (Ings Grove, Mirfield). This is based on our analysis of the site (opportunities for strategic capital investment), the geographical location of the site (central to Kirklees, good transport links) and the limited asset maintenance required to the site to support the improved model for intermediate care.

Transitioning the model of care at Moorlands Grange to provide a mix of short term / respite beds, flexible beds to support acute hospital pressures alongside a temporary decant solution for an existing dementia day service.

- Climate Change and Air Quality no assessed impact
- Improving outcomes for children no impact
- Other (eg Legal/Financial or Human Resources)

This proposal is in line with the whole system H&SC approach and the move away from bed based intermediate care into a Home First approach which gives improved outcomes for service users.

This proposal enables continuation of day services which is a critical part of the system, enabling families to keep loved ones at home for as long as possible before they may need residential care.

This proposal 'buys time' to enable in-house services to revisit their new flexible offer post Covid as more data becomes available on trends.

There is some financial risk to the Council through loss of income with the proposed 10 IMC bed reduction at Moorlands Grange. However, in the short term this mitigates against the cost of finding an alternative decant solution for The Homestead service. In the mid to long term, it is anticipated that this risk can be mitigated through additional income in increasing the long term dementia bed capacity

Do you need an Integrated Impact Assessment (IIA)?

Equality Impact Assessments and Quality Impact Assessments have been completed to support these proposals

4. Consultees and their opinions

The proposals have been through interagency and individual governance arrangements with endorsement.

5. Next steps and timelines

There is an interim phase of the work to change the offer of the IMC beds as well as supporting winter pressures/resilience and discharge to assess. This is planned in for December 2021.

- 10 IMC beds, 10 dementia respite and 20 transitional/flexi beds at Moorlands Grange
- 40 IMC beds at Ings Grove
- 30 Long term dementia beds at Castle Grange and 10 bed unit is being used for Homestead day centre whilst the building is being refurbished.
- 30 Long term dementia beds and 10 dementia respite at Claremont House.

Next steps:

- Work with the operational teams in Locala and Kirklees to understand and implement the new model
- Recruitment to new positions
- Identify any staff learning and development
- Implement a communications plan for internal and external stakeholders
- Work closely with any affected individuals and families to ensure that they continue to receive respite services.

6. Officer recommendations and reasons

The Overview and Scrutiny Panel receive these proposals and provide feedback on any further actions or next steps required

7. Cabinet Portfolio Holder's recommendations

The Cabinet Portfolio Holder has endorsed these proposals

8. Contact officer

Saf Bhuta – Head of Service for In House Care Provision Saf.bhuta@kirklees.gov.uk

Helen Duke – Head of Operations, Locala Community Health Services <u>Helen.duke@locala.org.uk</u>

9. Background Papers and History of Decisions

N/A

10. Service Director responsible

Michelle Cross – Service Director – Mental Health and Learning Disability Rachel Foster – Assistant Director of Operations, Locala Community Health Services