

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**7 JUNE 2021**

REPORT TITLE:	Discharge to Assess (D2A) bed-based service model
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

Discharge to Assess (D2A) is a pathway model for people who are clinically ready for discharge from hospital and who no longer require an acute hospital bed, but who may still require care services including short-term, funded support. The ethos is to discharge people to remain in their own home wherever this is possible. This is the 'Home First' approach. However, some people require a period of extended short-term support, assessment and therapy within a bed based D2A service before they can return to their home or to their onward care arrangements.

The proposal in this report is to transfer D2A bed-based service provision from the current range of services in the independent care home sector, to a single site service operated by the NHS.

This is a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to;

1. Support the proposal to end the current D2A independent care home contracts held by the Council as described in section 3.1 of this report, which are due to expire on 30 September 2021.
2. Support the progression of proposals for D2A bed-based services to be commissioned by the NHS as a single site NHS offer from 1 September 2021 as described in the report in section 3.14.
3. Support the proposal for up to an additional 30 community independent care home beds to be commissioned for a period of 6 months (ending on 31 March 2022) to support the transition from the current model and to support with the additional demand on the care and health system expected due to winter pressures.
4. Receive a further report to a future Committee with detail of the D2A service arrangements.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 There has been a review of the current occupancy and average length of stay data of the current D2A bed-based services (Appendix 1). The current services are disparate and are currently operated across five care home sites plus the Grove Discharge Unit (GDU) service and a temporary Bluebell Unit at the Clatterbridge site. The Multi-Disciplinary Team (MDT) approach to supporting people in achieving their goals and to return home at the earliest opportunity is more complex to deliver across multiple sites. It is believed that a single site offer would enable more effective MDT support to people.
- 1.2 The data show that the average length of stay in D2A bed-based services could be reduced by a single site offer operated within the NHS.
- 1.3 The proposed D2A model would provide a more seamless service to people who may also need ongoing care provided by community NHS and social care services on their return home. It is envisaged that people will experience more joined up care and support.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It was considered whether to continue with the current services and to extend the current D2A arrangements further. However, this is believed not to deliver the benefits of a single site offer provided within the NHS.

3.0 BACKGROUND INFORMATION

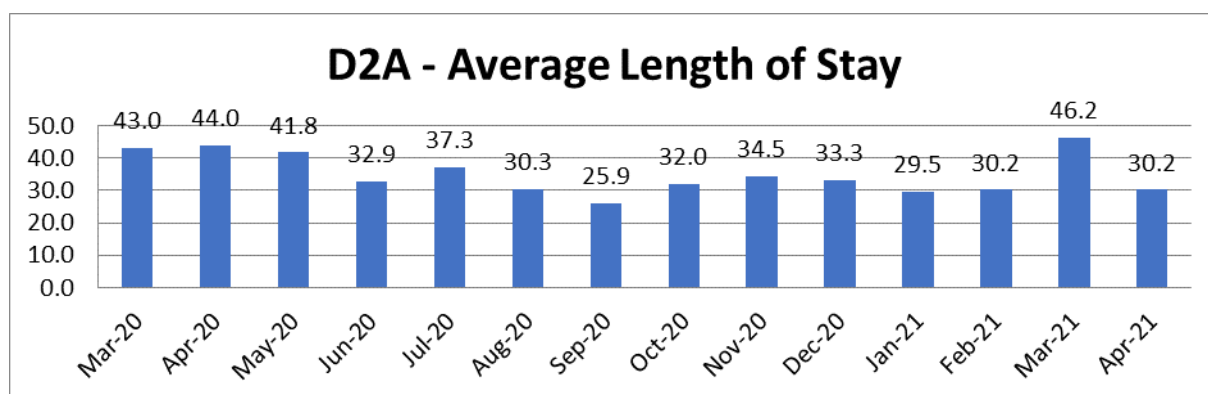
- 3.1 The current D2A bed-based services (94 beds) are commissioned with five independent care home providers as follows:

- 25 x beds @ Leighton Court Nursing Home, Wallasey
- 23 x beds @ Grove House Nursing Home, Oxton/Birkenhead
- 22 x beds @ Daleside Nursing Home, Rock Ferry/Birkenhead
- 16 x beds @ Elderholme Nursing Home, Bebington
- 8 x beds @ Summerfields Residential Elderly Mentally Infirm, Rock Ferry/Birkenhead

The current contracts with the above care home providers have been extended and are due to expire at the end of September 2021. They are funded via the Better Care Fund (BCF).

- 3.2 The GDU has provided up to an additional 30 beds for the care and health system, to support people to be discharged from hospital as soon as they are medically optimised. The Wirral University Teaching Hospital Trust (WUTH) commission and hold the contract for the GDU service which is operated by Tamaris-Four Season's Healthcare. This contract has been extended to support transition to a proposed new D2A service offer.

- 3.3 In addition to the D2A and GDU beds, the Bluebell unit was recently opened to provide additional support for the second wave of the covid 19 pandemic. The service has 22 beds on the Clatterbridge site and is currently delivered by Wirral Community Health and Care NHS Trust (WCHC), with MDT and therapeutic support to help people to regain their independence and to return to their own homes.
- 3.4 The current D2A services include therapists and Social Workers, with the accommodation and nursing care being provided by the individual care homes. A single GP practice is commissioned for each D2A site to provide any primary care support.
- 3.5 NHS and Local Authority Commissioners have been working to review the options for future D2A bed-based services in Wirral, still with the focus firmly on the 'Home First' ethos. To inform the proposed new D2A model, a review was undertaken of the average length of stay and future capacity and demand requirements (data included as Appendix 1).
- 3.6 Commissioners have considered national benchmarking data, recent demand data and preliminary findings of the Cheshire and Merseyside capacity and demand modelling.
- 3.7 When compared to the national data, Wirral's current D2A (94 bed) service model is an outlier for having more beds per 100,000 population. Wirral currently has 26 D2A beds per 100,000 compared to 23 nationally according to the National Audit for Intermediate Care (NAIC).
- 3.8 People access the service for active therapy and/or assessment for up to 6 weeks. The target length of stay within D2A is currently 29.4 days (4.2 weeks) which has proved challenging to meet as is demonstrated in the table below:



- 3.9 The overall annual cost of the current 94 bed independent care home D2A service is £5,745,000, funded predominantly via BCF.
- 3.10 In addition to the current D2A provision (94 bed) there are an additional 30 beds, GDU, contracted directly by WUTH with Tamaris-Four Seasons Health Care providing the day to day running of the unit, and a further 22 bed Bluebell Unit temporary service operated by WCHC at the Clatterbridge site.

- 3.11 GDU is located within the Clatterbridge Hospital grounds. The initial intention of this unit was to provide additional community bed capacity to support medically fit discharges from the acute hospital.
- 3.12 The current D2A providers have agreed to extend their contracts until 30 September 2021 and the GDU service has also been extended.
- 3.13 The proposed future D2A service would include a lower number of beds than the current 124 (94 D2A beds plus 30 GDU). Initially it is proposed to be 101 beds (71, potentially at the Clatterbridge site) plus a temporary up to 30 independent care home beds) and then reducing to 71 beds only potentially at the Clatterbridge site from 1 April 2022.
- 3.14 The proposed future D2A bed-based service model is a 71-bed service operated by an NHS provider that can provide a single site D2A service with full MDT and ensure seamless ongoing care and health support where required. This would better align and integrate the ongoing care and therapy needs of individuals compared to a disparate and multi-site service D2A model.
- 3.15 It is expected that people will have a shorter length of stay (target 21 days) and may be more likely to reach their full rehabilitation potential. Bluebell Unit (22 beds), opened at the Clatterbridge site temporarily as part of the system's Covid-19 response currently has an average length of stay of 22 days, lower than that of the current D2A service.
- 3.16 It is proposed that up to an additional 30 independent care home beds are commissioned for a period of 6 months from 1 October 2021 (ending on 31 March 2022). This would provide additional support during the transitional period from the current service and support with expected demand on the care and health system due to winter pressures.

4.0 FINANCIAL IMPLICATIONS

- 4.1 It is proposed that the current Council funding for D2A services within the BCF would be reallocated within the BCF to contribute towards the cost of the proposed service model, with no additional funding requirement from the Council.

5.0 LEGAL IMPLICATIONS

- 5.1 It is proposed that the current D2A contracts held by the Council will not be extended beyond their existing end date. Subject to decisions on the proposed model, the procurement route for the proposed new D2A service model, including for the proposed additional temporary care home beds will be agreed.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The proposed new D2A service would be provided by an NHS provider as a single site service.

7.0 RELEVANT RISKS

- 7.1 The proposed future D2A bed-based services are considered to be sufficient to meet the needs of the local population. Commissioners will monitor capacity and demand and will consider any required response should the care and health system require additional capacity.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Further communication and engagement with the current D2A and GDU providers will take place. There is no requirement for public consultation as the proposed new service model would offer improved outcomes for people using the service by replacing current temporary and disparate services with a single site offer.

9.0 EQUALITY IMPLICATIONS

- 9.1 The proposed services would continue to offer short term support to a people with a broad range of needs, to maximise their independence and to support their return home following their hospital treatment. Equality implications were part of the commissioning and selection for this proposed service.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There may be some benefit in operating services from a single site and reducing MDT staff travel time between multiple sites.

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APPENDICES

Appendix 1 – Review data

BACKGROUND PAPERS

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date