



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 25 January 2022

REPORT TITLE:	DISCHARGE TO ASSESS (D2A) BED-BASED SERVICE MODEL
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report The

This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the content of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Adult Social Care and Public Health Committee supported the proposal for Discharge to Assess (D2A) bed-based services to be commissioned by the NHS, as a single site NHS led service offer, from 1 September 2021. This is as an alternative offer to the previous D2A services provided by the Independent Care Home sector across various sites. The Council worked in partnership with Wirral Clinical Commissioning Group (CCG) who were the commissioner of the new service. Better Care Fund (BCF) monies that had previously funded the community based D2A services contributed to the cost of the new service.
- 1.2 Members of the Committee requested an update report following the implementation of the new service model.


2.0 OTHER OPTIONS CONSIDERED

- 2.1 As an update report on the new service arrangements, no other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 When compared to the national data, Wirral's previous D2A (94 bed) service model was an outlier, having a higher number of beds at 26 per 100,000 population, compared to 23 nationally (National Audit for Intermediate Care).
- 3.2 People accessed the service for active therapy and/or assessment for up to 6 weeks. The target length of stay within D2A was 29.4 days which proved challenging for care providers to meet.
- 3.3 The previous service operated across five care home sites plus the Grove Discharge Unit (GDU) service and with a temporary additional 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 was complex to deliver across multiple sites. It was concluded that a single site offer would enable more effective MDT support to people.
- 3.4 The data suggested that the average length of stay in D2A bed-based services could be reduced by a single site offer operated within the NHS.
- 3.5 It was anticipated that 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 was envisaged that people would experience more joined up care and support.
- 3.6 Both the Council and its partners are committed to providing a model which achieves the tenets of the Home First model of discharging people from hospital at the right time, to the right place and enabling people to continue living in their own home wherever this is possible.

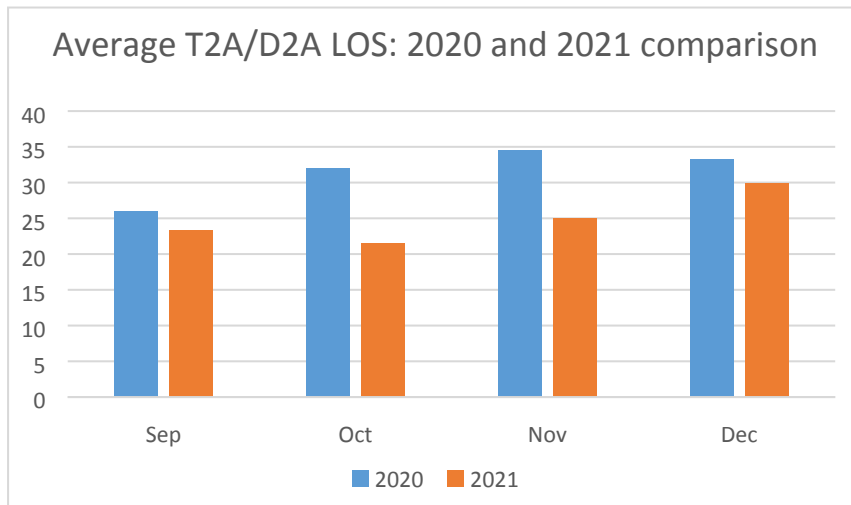
- 3.7 The new NHS D2A bed-based service model is a 71-bed service operated by NHS Wirral Community Health and Care Trust. This can provide a single site D2A service with full MDT and ensuring seamless ongoing care and health support where required. This would better align and integrate the ongoing care and therapy needs of individuals compared to the previous disparate and multi-site service D2A model.
- 3.8 This report is to provide assurance on the key implementation milestones set out for the new service in the delivery plan, to provide explanation on areas of performance and to provide assurance that this approach is beginning to demonstrate better outcomes for people using the service.
- 3.9 The new D2A service commenced on 01 September 2021. Its implementation was phased for a safe transition.
- 3.10 30 additional independent care home beds were commissioned for a period of 6 months from 1 October 2021 and ending on 31 March 2022. These beds provided additional support during the transitional period from the current service and have supported with expected increased demand on the care and health system due to winter pressures.

D2A TRANSITION PLAN Healthy Wirral 

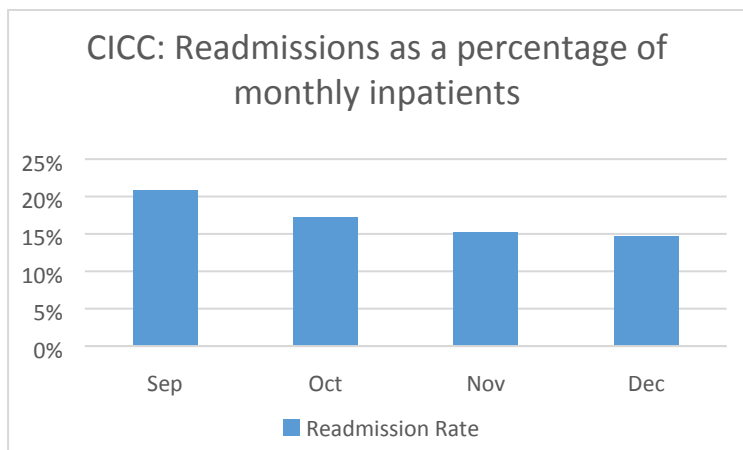
Week Start Date	Week End Date	Original Beds							Contingency Beds		New Beds				GRAND TOTAL
		GDU	Daleside	Elderholme	Grove House	Leighton Court	Summerfields	TOTAL	Daleside (REMI)	Leighton Court (TZA)	Bluebell	Iris	Aster	TOTAL	
23/08/2021	31/08/2021	30	22	16	23	25	8	124			22	0	0	22	146
01/09/2021	05/09/2021	30	22	16	23	25	8	124			22	6	0	28	152
06/09/2021	12/09/2021	30	22	16	23	25	8	124			22	6	0	28	152
13/09/2021	19/09/2021	20	22	16	23	25	8	114			22	12	0	34	148
20/09/2021	26/09/2021	10	22	16	0	25	8	81			22	18	0	40	121
27/09/2021	03/10/2021	5	22	16	0	3	8	54	8	22	22	23	0	45	129
04/10/2021	10/10/2021	-	22	16	0	3	7	48	2	22	22	23	0	45	117
11/10/2021	17/10/2021	-	22	16	0	3	6	47	2	22	22	23	0	45	116
18/10/2021	24/10/2021	-	22	16	0	3	5	46	2	22	22	23	0	45	115
25/10/2021	31/10/2021	-	22	16	0	3	4	45	2	22	22	23	0	45	114
01/11/2021	07/11/2021	-	18	14	0	0	3	35	8	22	22	23	6	51	116
08/11/2021	14/11/2021	-	15	12	0	0	2	29	8	22	22	23	12	57	116
15/11/2021	21/11/2021	-	12	10	0	0	0	22	8	22	22	23	12	57	109
22/11/2021	28/11/2021	9	8	0	0	0	0	17	8	22	22	23	12	57	104
29/11/2021	05/12/2021	6	5	0	0	0	0	11	8	22	22	23	12	57	98
06/12/2021	12/12/2021	0	0	0	0	0	0	-	8	22	22	23	12	57	87
13/12/2021	19/12/2021	0	0	0	0	0	0	-	8	22	22	23	12	57	87
20/12/2021	26/12/2021	0	0	0	0	0	0	-	8	22	22	23	18	63	93
27/12/2021	01/01/2022	0	0	0	0	0	0	-	8	22	22	23	26	71	101
06/12/2021	31/03/2022	0	0	0	0	0	0	-	8	22	22	23	26	71	101

- 3.11 There is care and health system commitment to ensuring that people who no longer require an acute bed but still require an extended period of support are offered a period of rehabilitation and further assessment. This period of rehabilitation reduces the risk of deconditioning, optimises independence, and ensures people are discharged in a timely way with support that meets their assessed needs. This avoids the over provision of services and reduces demand on the care market. In addition, the service improves a person's experience of support by reducing the number of moves to different destinations and maximises the opportunity for therapeutic support. Evidence suggests that the inception of this model has begun to achieve this.
- 3.12 The previous length of stay target for the community D2A beds was 29 days and for the new model it is 21. Any potential risk associated with an overall reduction in D2A bed numbers from the previous service model will be ameliorated by the shorter length of stay and the additional capacity that this creates. Whilst the service is not yet fully mobilised, evidence would suggest this aspiration has been partially achieved and it is anticipated this positive trajectory will continue. It is important to note that in December the average length of stay has increased. This reflects the rise in Covid-19 infections that the Omicron variant has presented and reflects

associated pressures in the domiciliary care market, with some people waiting longer within the service for domiciliary care availability to meet their needs on return home.



- 3.13 The new service has itself been affected by partial closures due to Infection Control measures relating to Covid and has also been affected by recruitment challenges which are being experienced across the care and health sector.
- 3.14 The Healthy Wirral principles requires a whole system approach which promotes greater independence and enables people to live happy and healthy lives. The D2A model, since its inception has begun to contribute to this ensuring that interventions occur at the right time in the right place and reduces readmissions. As the service is relatively new, performance reporting on outcomes is in development.
- 3.15 An aspiration of the model was to reduce readmissions to hospital, despite the unprecedented system pressures created by the new Covid variant, the table below demonstrates a decrease in the re-admission rate.



- 3.16 There continues to be an element of risk to full operation of the new service, recruitment and retention problems in the care market can cause delays to discharges as packages of support can sometimes take longer to source. The Council continues to work with the care sector to stabilise the market, promote social care as a career of choice and build on our strong relationships with the voluntary and third sector.

3.17 Despite the challenges referenced above, early performance data indicated the service was achieving the target of discharge within three weeks, and despite the recruitment and staff absences the service remains more effective than the previous model in enabling people to return home safely and as soon as they are able to do so.

3.18 The previous Independent Care Home D2A service was significantly affected by service closures for Covid -19 reasons and due to infection prevention and control measures. The NHS led service is more able to cohort people affected by Covid-19 within the service environment and without the requirement to close the full service. This has enabled safe care to continue to be provided and has enabled service continuity at times of peak demand.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications presented by this report. The service is commissioned by the CCG. The previous community-based service was funded via the BCF. The Council's financial contribution to the new model remains the same and is funded by the BCF.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications presented by this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications presented by this report.

7.0 RELEVANT RISKS

7.1 As an update report, there are no risks associated with this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 There is no requirement for consultation based on this report.

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.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 We are working across all sectors to encourage local recruitment.

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APPENDICES

N/A

BACKGROUND PAPERS

Department of Health and Social Care - Better Care Fund Policy Framework
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022>

National Audit for Intermediate Care
<https://www.nhsbenchmarking.nhs.uk/naic>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 June 2021