LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Adult Frailty and Long-Term Conditions

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28 September 2021**
Subject:	**The importance of community beds in transitional care both for covid positive and covid negative patients and the positive impact these have on the acute hospital trusts.**

Summary:
Government policy relating to hospital discharges advises of the need to discharge both Covid19 positive and Covid19 negatives patients within 3 hours once medically optimised, with the main focus upon returning home. However, some patients may no longer need care in an acute hospital they require a further period of 24 hour care before returning to their own home. Therefore the need for an integrated approach for those transitioning from an acute bed into the community is crucial. For Lincolnshire residents this has meant, following a multiagency approach, transitioning to an LCC commissioned bed, and during the Covid19 pandemic and designated setting bed (designated beds are for those people who are unable to return to their usual care setting due to having been tested positive for Covid19 or to a community hospital or transitional care bed provided by Lincolnshire Community Health Service (LCHS).

Between 1st April 2020 and 31st March 2021, 635 beds were utilised by ASC and 2,613 were utilised by LCHS. A total of 3248

Community Beds have been crucial in supporting Lincolnshire residents transitioning from acute hospital beds across three Trusts to enable timely and safe discharges thus freeing up acute hospital beds for Covid19 positive and Covid19 negative patients.

Without the provision of these beds, patients would have had to remain within the acute Trust as their needs, including nursing needs, could not be met over a 24 hour period within their own home. This could lead to the acute Trusts becoming overwhelmed, extended ambulance waits and Trusts being unable to meet the needs of Lincolnshire residents.

Therefore to ensure safe discharges and the time to make longer term decisions, both LCC and LCHS followed the Hospital Discharge and Community Support: Policy and Operating Model (2021), which ensured a 24 hour bedded care facility to enable more time for personalised care and support planning and to better inform the person's future support requirements (ref 4.11) was available.

Community beds, whether provided by LCC or LCHS also allow time for individuals to recover from temporary conditions such as a Delirium. They also provide a further period for recovery to allow residents to reach their optimum potential thus reducing the need for any further on-going services. In addition, community beds have provided palliative care services for those individuals in the end stage of their life. This further evidences the integrated approach to community beds, as all palliative care beds were health funded, regardless of whether or not they were in a community hospital, hospice or Care Home.

Throughout the past 18 months, ASC, LCHS and representatives from ULHT have worked closely with the Care Homes in Lincolnshire and have participated weekly in the Registered Care Home Managers Meeting led by LincA to address any concerns or issues relating to discharges from acute sites. This excellent working relationship continues today and enables Care Homes to feel supported if there are any concerns regarding discharges from the acute sites to their home in such pressured times, thus ensuring flow from hospitals so that the Trusts can offer beds to acutely ill residents of Lincolnshire.

The evidence for the period 1st April 2020 to 31st March 2021 clearly demonstrates that the use of community beds whilst transitioning from an acute hospital, is crucial for both Covid positive and Covid negative patients to ensure they have every opportunity to recover, make long term decisions or receive rehabilitation with a view to returning home and living independently.

Actions Required:

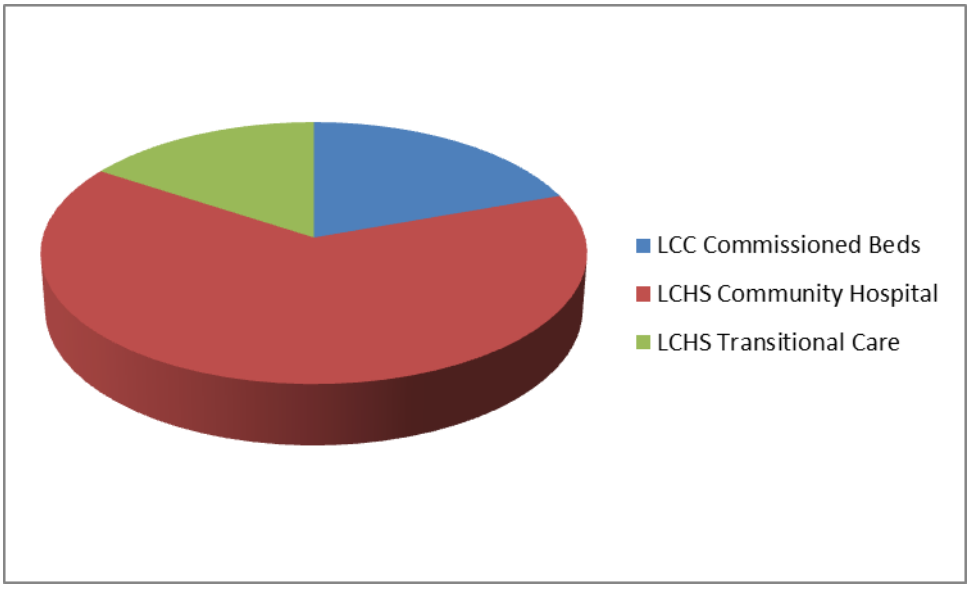
That the Board note the contents of the report.

1. **Background**
2.

Prior to March 2020 when Lincolnshire had to prepare for its first Covid19 surge, Adult Social Care and Lincolnshire Community Health Service worked together to support the Hospitals within United Lincolnshire Hospitals Trust (ULHT), North West Anglia Foundation Trust (NWAFT) and North Lincolnshire and Goole (NLAG) to ensure capacity within the hospitals to care for both Covid positive and Covid negative patients.

Following the Governments publication of the Hospital Discharge Service Requirements document (March 2020), partners within the System worked together closely to ensure where possible and appropriate, discharges were achieved within a three hour timescale. For some patients, decisions were being rushed in relation to what actions to take because whilst they did not require an acute hospital bed, they were not at a point where they could return home because they still needed support however that support did not need to be provided in an acute bed. Therefore community beds, be that Community Hospital beds and transitional care beds in Care Homes provided by Lincolnshire Community Health Service or Block beds or short term care beds in a Care Home provided by LCC, ensured patients were transitioned out of the acute sites. These beds provided an opportunity to enable safe and timely discharges whilst at the same time making acute beds available for those that needed them. In addition these beds were also utilised by LCC Emergency Duty Team for admission avoidance thus reducing the pressure on the acute sites, as 24 hour care could be provided outside the acute hospitals by nursing or residential staff.

Between 1st April 2020 and 31st March 2021, 3248 beds were utilised to facilitate discharge across LCC and LCHS provided beds in the community for both Covid19 Positive and Covid19 negative patients.



(Discharges to Community Beds)

Of those beds: 635 moved from acute sites into LCC commissioned beds, 2100 into LCHS Community Beds (including palliative care/hospice beds) and 513 transferred into transitional care beds for a period of rehabilitation with a view to becoming independent and returning home.

LCC and LCHS Beds

As the Hospital Discharge Service: Policy and Operating Model continued to instruct 3 hour discharges from acute sites, this often led to limited opportunity for Occupational Therapy (OT) and Physiotherapy in the acute hospital and limited time for short and long term decision making. Therefore the use of transitional care beds for further rehabilitation was crucial to enable customers to improve their independence and quality of life. This has been particularly important as many patients were leaving acute hospitals with the need for large packages of care, which many homecare providers found difficult to provide, thus the use of interim beds when packages of care have not been available or, in discussion with LCHS, the offer of a transitional care bed has often led to the reduction or even need for a package of care, especially as ASC staff are embedded within the community hospitals arranging discharge care and support plans for patients in LCHS beds.

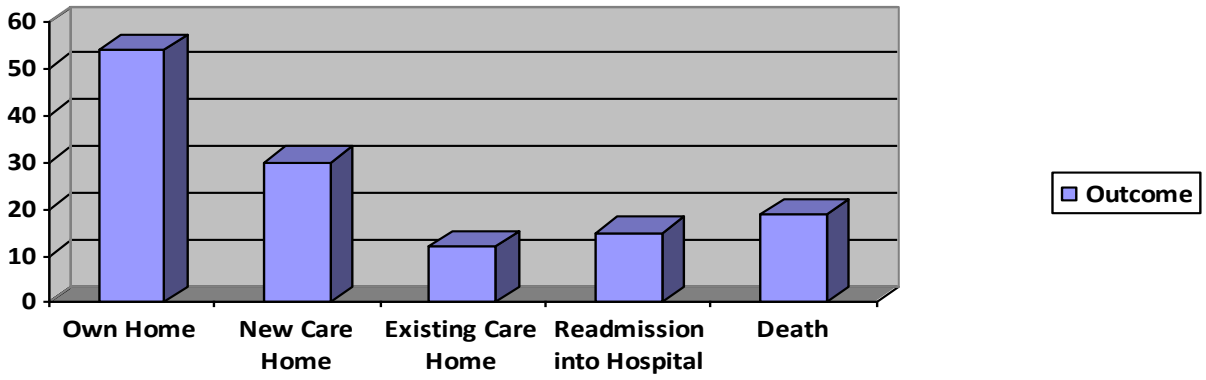
In addition, community hospital beds and block beds allowed a time of recovery before receiving rehabilitation. Thus the setting of block beds and transitional care beds being in the same care homes was highly effective, as these reduced additional transfers between homes with the added risk of cross infection.

LCHS beds in community hospitals have been used more recently when the Trusts have declared critical incidents. For example, when there have been no acute hospitals beds available but patients in the Emergency Department requiring one, patients who are medically optimised (thus not needing an acute bed) yet still requiring 24 hour registered nurse oversight for a further period of recovery, have been able to transfer on the same day to a community hospital bed. Thus greatly reducing the pressure on the Trusts and leading to a positive impact.

Whilst this report has focused on the benefit of community beds for patients in transitional care from acute hospitals, recognition must also be given to Lincolnshire residents who transfer from their own home to a community bed, be that an LCC commissioned bed or LCHS bed. If these beds were not available then more people would be taken to an acute hospital when their needs could be met in a community bed. Not transferring to an acute site prevents potential ambulance waits, long time spent in an emergency department and higher risk of contracting Covid19.

Designated beds

In August 2020 the Government published the Hospital Discharge Service: Policy and Operating Model to come into effect 1st September 2020 and as a result of this document LCC commissioned 25 beds in Avocet Care Home (Boston) and 16 beds in Appletrees Care Home (Grantham) to meet the requirement for identified designated beds. As advised in the Department of Health and Social Care Letter: Winter Discharges and Designated Settings, the designated beds were introduced to prevent Covid19 positive patients entering various Care Homes and thus increasing the risk of the spread of Covid 19. However, one month after the introduction of these beds it was noted that older adults discharged from hospital with a Covid19 Positive status quickly deteriorated at approximately day 6 post discharge. As the beds were provided in a residential setting there was limited capacity to provide registered nurse input and therefore it was agreed that Covid positive patients requiring 24 hour care would be discharged from the acute sites into LCHS Community Hospital Beds. This ability to work jointly with partners in the provision of community beds was crucial and successfully prevented admission back into the acute hospitals. This action also drastically reduced the number of transfers across sites for customers that were mostly vulnerable, frail, older adults. A total of 130 patients transferred to designated beds of which 54 returned home, 30 transferred to new care home settings, 12 returned to their existing care homes, 15 were readmitted into hospital and sadly 19 died.



(Discharges from designated beds)

3. Conclusion

The importance of community beds for both Covid19 positive and Covid19 negative patients has been and remains crucial in supporting the three acute hospital Trusts to enable safe and timely discharges.'

These discharges have had a significant positive impact on the Trusts as they have ensured the freeing up of acute hospital beds. Community beds ensure that Lincolnshire residents have the benefit of short term care in a 24 hour bedded facility for the purposes of rehabilitation/recovery

where time is given for a full assessment of need and more time for patients and their carers to consider options for longer term care.

In conclusion, Lincolnshire would not be able to support the acute hospitals without the provision of community beds be they LCC commissioned or LCHS commissioned. Without community beds, the Trusts could quickly become overwhelmed with the potential of Lincolnshire residents being unable to readily access emergency care within an acute hospital.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Joint Strategic Needs Assessment: This report has been written with reference to LCHS for data relating to admissions into Community Hospitals and Transitional Care beds. **Joint Health and Wellbeing Strategy**: As per the Hospital Discharge and Community Support: Policy and Operating Model (5th July 2021), ASC and LCHS staff form part of Discharge Hubs across the 3 Trusts to ensure safe and timely discharges. If the patient requires a placement on discharge this will be agreed within this multidisciplinary team and the relevant bed identified i.e. LCC or LCHS provision. This placement would allow for long term decision making and the identification of options, preferably a return to the patient's own home. This joint working is in line with point 2 of the Health and Wellbeing Strategy.

4. Consultation

LCHS for data regarding Community Hospital and Transitional Care Beds. This paper was agreed by LCHS and ULHT as part of the Home First Partnership group

5. Appendices

No appendices

6. Background Papers

Document Title	Where it can be accessed
Hospital Discharge Service Policy and Operating Model	 Hospital_Discharge_ Policy 21 08 20 (2).pc
Hospital Discharge and Community Support: Policy and Operating Model (July 2021)	https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model#history

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