

REPORT TO: Health & Wellbeing Board

DATE: 7 July, 2021

REPORTING OFFICER: Martin Stanley, Head of Acute Commissioning,
NHS Halton CCG

PORTFOLIO: Acute Commissioning

SUBJECT: Lilycross Care Centre

WARD(S) All

1.0 PURPOSE OF THE REPORT

1.1 To brief the Board on the continued use of Lilycross Care Centre.

2.0 RECOMMENDATION: That:

- i) The Board note that the CCG has continue the contract with Lilycross Care Centre for 2021/22.**
- ii) The additional community beds available at Lilycross Care Centre support the hospital discharge programmes and provide the required designated COVID beds for the borough.**

3.0 SUPPORTING INFORMATION

3.1 Enhanced Discharge Response to COVID-19 - Lilycross Care Centre

3.1.2 Lilycross Care Centre opened to patient admissions 11th May 2020, as a response to the regional request for 300 extra community beds to support the anticipated surge COVID patients at the beginning of the pandemic.

3.1.3 The unit was opened to residents in all the boroughs of Cheshire and Merseyside but will primarily focus on the discharges from St Helens and Knowsley Hospitals and Warrington and Halton Hospitals, initially CQC registered as a residential home, and subsequently increased its offer to allow patients requiring nursing support.

3.1.4 There are 60 individual bedded rooms and has operated with up to 24 designated COVID beds for patients discharged from hospital with a COVID+ status and needing to complete their isolation period. The unit will accept residents who are:

- 3.1.5 • COVID-19 negative

- COVID-19 positive or exposed and are medically fit.

3.1.6 The unit will accept patients on a transitional basis when their normal home of residence is closed to their return, or they are awaiting a package of care to return to their own home or to a care home.

3.1.7 The demand for the surge beds has differed over the period of the pandemic and the stages of each of the waves.

- Hospital capacity and occupancy levels changes the flow of patients.
- Transitional capacity on the acute sites
- Care home outbreaks and closures
- Domiciliary care including staff infections and self-isolation.
- Need for transition and availability including Nightingale.
- Level of assessment for discharge
- Speed of the flow, driven by the front door.

3.1.8 The level of activity within the unit varied during 2020-21 primarily due to the capacity within the acute sector to retain patients, the level of care home outbreaks and appetite of care home to accept new residents, especially Covid recovered or exposed.

3.1.9 The demand of covid designated beds peaked in January 2021 during the second wave, as hospital overall occupancy was generally over 95% and discharge flow was crucial contain the level of covid wards within the hospitals.

2021-22 Utilisation of Lilycross Care Centre

3.2

3.2.1 The termination point for the 2020-21 contract with the provider was January when the system was in the middle but not at the peak of the third wave and if the contract was ended admissions would have had to stop in February and all residents discharged by the end of the year. The minimum extension was for 6 months which would cover the anticipated wave in the summer but close just prior to the start of the winter pressures.

3.2.2 There was uncertainty of the impact the D2A funding stopping, but the CCG felt that the potential need for the continued additional bed base across the Mid Mersey region justified the potential financial risk and has committed to maintain the facility until March 2022, as there were a number of other factors that needed to be taken into consideration:

- The need to restart hospital elective activity and work to clear the backlog of referrals.
- The growing non-covid non-elective demands on A&E and admissions.

- The national drive to speed the flow of hospitals discharges and reduce the number of stranded and super-stranded patients.
- The uncertainty of the impact of future waves of infection on acuity of patients, including long term complications.
- IPC rules for care home outbreaks.
- The closure of the Nightingale facilities.
- The requirement for all Local Authorities to maintain COVID designated beds within the community.

3.2.3 The drive for increased hospital discharges has been supported by the continuation of the central Discharge to Access funding and the local systems have adopted a set of principles:

- Home/reablement first approach is the priority.
- Protecting the therapy led intermediate care bed bases.
- Protecting the existing care home market
- Protect the acute flow and occupancy.
- Early and enhanced discharge pathways
- Discharge to assess.
- Minimise patient transfers.
- Admission avoidance
- Maintain covid bed base.

3.2.4 The rationale across the system for maintaining additional community capacity has been justified based on the occupancy levels within Lilycross during April and May (averaging 85%), whilst system partners have adjusted to post third wave operational pressures. However, with the current fall in the demand for covid designated bed there is an opportunity to reconsider the ring-fencing of the 16 covid beds, and these are now available for non-covid patients if the demand increases. Should another wave of COVID enter the system and hospital admissions are reported, the beds would be returned to their COVID status.

3.2.5 The demand for the additional capacity Lilycross provides to the system will change throughout the year, depending on the continued admission levels in the acute hospitals and the Local Authorities ability to manage discharges within the existing care settings, and the impact of any further waves of Covid.

3.2.6 However, whilst Lilycross has been available as a discharge option, in Halton the Intermediate Care bed occupancy levels have been maintained at a significantly low level. This has resulted in the decommissioning of the B1 provision with Oakmeadow absorbing demand, with scope for escalation, and still averaging 40% occupancy throughout the duration of 2020/21 (93% occupancy in 2019/20).

3.2.7 Halton has also seen a positive impact from the enhancements to the Reablement Service with average length of stay reduced from

114 days in 2019/20 to 46 days during 2020/21. This provides confidence that the local system has resilience to manage increased demand over the winter period.

4.0 POLICY IMPLICATIONS

4.1 Lilycross Care Centre provides the designated COVID surge beds available across the system.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The CCG has committed to the costs of Lilycross Care Centre and will utilise the resources available within the Cheshire and Merseyside Discharge to Assess allocation to contribute to the costs.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None.

6.2 Employment, Learning & Skills in Halton

None.

6.3 A Healthy Halton

None.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 The expectations of further wave of COVID is high, but it is not anticipated that the severity of the outbreaks will impact on public, patients and services will be far lesser than the previous waves and that Halton is in a good position to deal with any needs within the borough.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 N/A

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.