

Meeting: Strategic Commissioning Board			
Meeting Date	03 February 2020	Action	Recommend
Item No	7b	Confidential / Freedom of Information Status	No
Title	Intermediate Tier Review Update		
Presented By	Julie Gonda, Interim Executive Director Communities & Wellbeing		
Author	Adrian Crook, Julie Munn		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Cllr Andrea Simpson, Portfolio Holder Health & Wellbeing		

Executive Summary
<p>This report highlights progress against the review of Intermediate Tier Services in Bury.</p>
Recommendations
<p>This report recommends that Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Note ongoing engagement with the public around intermediate tier services. The feedback will inform detailed proposals for consultation at a later date. <p>This report recommends that Strategic Commissioning Board supports further work as follows:</p> <ul style="list-style-type: none"> Development of a detailed business case, based upon the feedback of the engagement work currently under way to include: <ul style="list-style-type: none"> A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date; Review of estate within intermediate tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals; <p>A detailed timeline is included within the recommendations at the end of this paper, in Section 10 of this report.</p>

Links to Strategic Objectives/Corporate Plan	Choose an item.
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Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:					No	
Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Development of Intermediate Tier falls within the remit of developing health and care services in Bury and is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Intermediate Tier is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the Commissioning Strategy?	Intermediate Tier is part of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Intermediate Tier Services will reduce health inequalities and improve the mental, physical and wellbeing of the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>	15/01/2020	High level principles of the intermediate tier rebalance discussed at Clinical Cabinet and Health Scrutiny Committee. Request for final proposals to be reviewed.

Intermediate Tier Service Rebalance Update

1. Introduction

1.1. Intermediate care services support people in the community, helping to promote independence and providing care, therapies and rehabilitation on a short term basis only. Intermediate Tier:

- provides short-term rehabilitation to enable service users to regain their optimal levels of independence;
- prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
- provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

At present, people in Bury don't have the same opportunity to access home based intermediate care, compared to other areas in the country. We want people to have the option to receive personalised care in their own home where it is safe and appropriate to do so.

Providing more care at home will mean we don't need as many bed based facilities in the future. Where individuals do need care in an individual facility rather than at home, we want this to be in fit for purpose and cost effective settings where a team of health and social care professionals co-ordinate care and support that is personalised to their needs.

By reorganising our intermediate care services, providing more home based care and consequently less care in separate facilities, more Bury residents will benefit from the opportunity to recover and rehabilitate with the support of our services, reducing the likelihood of a hospital admission.

The following services will be included in the scope of this project

- Intermediate Care Nursing (bed based);
- Intermediate Care Social care (bed based);
- Reablement (non-therapy social care, home based);
- Discharge to Assess (social care PVI sector bed based).

The report also demonstrates the additional capacity that will be delivered by our enhanced Rapid Response service and our new Intermediate Care at Home service which are funded through Bury's Greater Manchester Transformation Fund, however they are not in scope of any changes recommended as a result of this project.

2. Background and context

The Bury Locality Plan and its Refresh in November 2019 highlights intermediate care as one of the priorities, recognizing that transformation of intermediate care services is crucial to enabling more people to be looked after in the community – preferably in their own home with the aims of achieving admission avoidance and safe, early supported discharge.

Bury is experiencing unprecedented demands on its health and social care services. Bury's Locality Plan Refresh describes the compelling case for change, upon which current transformation work is based. It highlights that:

- healthy life expectancy is significantly lower than the national average – meaning that people become ill earlier than they should;
- there will be a dramatic increase in the number of older people in Bury as well as an increase in the overall complexity of care needs – with which current services are not equipped to cope;
- the care system is financially unsustainable without radical transformation of how care is delivered – with a current do-nothing scenario of a financial deficit of £86m by 2023/24;
- transformation funding is only available for 2 years and sustainable methods of funding services need to be identified.

The Local Care Organisation (LCO) is leading on the delivery of intermediate tier, bringing together health and social care service delivery into an integrated whole, under single line management arrangements.

Now more than ever there is an urgent need to deliver services more cost effectively whilst ensuring activity levels, so important to managing demand in our Adult Social Care and Urgent Care system, are maintained or enhanced.

Benchmarking, as referenced below, clearly illustrates that Bury is too reliant on bed-based services delivering too much of its intermediate tier activity in Bealey, Killelea and its Discharge to Assess beds. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used, they will be delivered in locations that are the most cost effective and deliver the best experience and quality of care.

This rebalance will see clear activity expectations for our newly enhanced Intermediate Care at Home and Rapid Response services set and with it an increase in support to our Urgent Care system.

The rebalance will therefore be based on an in-depth analysis of episodic cost data to ensure that the budget available delivers the greatest number of episodes of care of the greatest effectiveness. Performance and budget data from the last 15 months will be used to inform this review, including comparison to Best practice from the National Audit of Intermediate Care¹, NICE, The Social Care Institute for Excellence², LGA Social Care Efficiency Programme³ and IPC Brookes Managing Demand in Adult Social Care⁴.

3. Definition and Legal Framework for Intermediate Tier Services

Section 2 of the Care Act 2014 and its associated guidance⁵ places a statutory duty on a local authority and its NHS partners to 'Prevent, Reduce and Delay' the need for Care and Support and encourages authorities and their NHS partners to deliver targeted interventions to do so, recommending Intermediate Care and Reablement as a core component of this range of interventions.

Intermediate Care was first developed in 2001 in response to the government's National Service Framework for Older People⁶ which saw the government reset the priorities of the NHS and local authorities towards helping older adults stay well, by helping older people to stay as healthy, active and independent as possible, for as long as possible.

It stated together we must:

- ensure that older people are treated with respect;
- prevent unnecessary hospital admission, and support early discharge;

¹ <https://www.nhsbenchmarking.nhs.uk/naic>

² <https://www.scie.org.uk/prevention/independence/intermediate-care/>

³ <https://www.local.gov.uk/our-support/efficiency-and-income-generation/care-and-health-efficiency>

⁴ https://ipc.brookes.ac.uk/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf

⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-2>

⁶ [National Service Framework for Older People 2001](#)

- reduce long term illness by providing specialist care;
- promote healthy lifestyles and independence for those in older age.

Later this guidance was updated in the Department of Health's guidance 'Intermediate Care - Halfway Home' published in 2009.⁷

Intermediate Care and Reablement are also further defined with the Care and Support (Charging and Assessment of Resources) Regulations 2014⁸.

"Intermediate care and reablement support services" means care and support, or support provided to an adult by the local authority which –

- consists of a programme of care and support, or support;
- is for a specified period of time; and
- has as its purpose the provision of assistance to an adult to enable the adult to maintain or regain the ability needed to live independently in their own home.

This statute states a local authority must not make a charge for meeting needs under section 14(1) of the Care Act where the care and support, or support which is provided to an adult, is covered by the definition above.

The National Audit of Intermediate Care, which is now the country's largest health and care audit, defines intermediate care as "*a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living. Intermediate care services are usually time limited, normally no longer than six weeks and frequently as little as one or two weeks. Intermediate care should be available to adults age 18 or over.*"⁹

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care;
- Bed-based intermediate care; and
- Reablement.

4. Current Service Provision in Bury

As previously described, the LCO is leading on the delivery of intermediate tier services, including the transformation work to ensure more of the intermediate tier support is delivered in people's own homes. The current structure of services in Bury is as follows:

⁷ [Intermediate Care - Halfway Home 2009](#)

⁸ http://www.legislation.gov.uk/ukxi/2014/2672/pdfs/ukxi_20142672_en.pdf

⁹ [National Audit of Intermediate care Report 2017](#)

Rapid Response

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- social work;
- occupational therapy;
- physiotherapy;
- night-sitting

Home Based Intermediate Care

Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, there is currently no home-based intermediate care offered in Bury. This is being addressed by the Greater Manchester Transformation Funding and will begin operating during quarter four of 2019/20, delivered through the LCO. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

Reablement

Reablement is the assessment and interventions provided to people in their home aiming to help them to recover skills and confidence and maximise their independence. Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home, reablement meets people's daily personal care needs such as washing, dressing and making meals in addition to any therapy needs.

The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing and medical cover.

Intermediate Care based in separate facilities which are bed based

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 1 below.

Location	Beds	Description
Bealey Intermediate Care Facility	19	<ul style="list-style-type: none"> • Bealey is a 19-bed intermediate care facility which provides adult intermediate care; • The unit has access to a small multi-disciplinary team which is primarily nursing led but has access to local GPs, Occupational Therapy and Physiotherapy. Provided until recently by Pennine Care NHS Foundation Trust it has recently transferred to the Northern Care Alliance; • The current patient cohort for the hospital is individuals requiring symptom management for chronic disease; palliative and end-of-life comfort care; rehabilitation and tissue viability management.
Killelea House Intermediate Care Facility	36	<ul style="list-style-type: none"> • A newly redeveloped adult rehabilitation unit consisting of 36 beds to support individuals following illness or injury; • The unit contains four 'rehabilitation flats' designed to allow assessment of an individual before they return home following a hospital or care home admission.
Discharge to Assess (D2A)	19	<ul style="list-style-type: none"> • Within Bury, there are 19 discharge-to-assess beds available for assisting individuals to leave hospital in a supported manner; • Previously, these were located across three care homes (Burrswood, Rose Court, Carders Court); • As of November 2018, these beds are now entirely located at Heathlands Village.

This reliance on beds has resulted in the lack of development of home-based services that has happened over recent years in many areas in the UK. The development of home-based services is now underway in Bury and will be fully operational from April 2020 onwards. This provides the basis on which the changes to the facility based set of services can be proposed.

5. Bury Performance Headlines

Rapid Response

Currently Bury's Rapid Response service responds to 51 referrals a month, assessing 48 of them and providing a short service to 28. In 2014/15 it assessed 61 people per month and provided a short service to 49. The number of referrals made over the last 2 years shows a reducing trend and anecdotal evidence from care professionals across Bury suggests that the service has struggled to meet demand and this may have led to professionals referring to alternative services.

If Bury was to provide a Rapid Response service the average size of other local authorities in England it would provide a service to **73** people per month and respond to many many more.

Home Based Intermediate Care

Bury currently delivers no Intermediate Care at home. If Bury was to provide an Intermediate Care Service the average size of other Clinical Commissioning Groups in England it would provide a service to **67** people per month.

Reablement

Reablement currently provides a service to 60 new people per month on average each user receives 1.28 hours per day and remains on the service for 25 days.

If Bury's reablement service delivered activity in line with England averages it would provide a service to **69** new people per month and they would stay on average 34 days.

Intermediate Care delivered in beds

Currently, the largest proportion of the intermediate care activity undertaken within Bury is comprised of bed-based services. The current facilities available in the locality are outlined in the table 2 below.

Table 2 – Summary of the bed based activity delivered in Intermediate Tier

Beds	Activity per month		Occupancy	Avg. LOS
74	65.5	20264	75%	34

Utilising only 75% of the available bed nights means on average 18 beds were not used.

The average length of stay in an Intermediate Care bed in Bury is 34 days. The average in England is 26.7 days showing in addition to not fully utilising its capacity, Bury's productivity is lower than most areas in England.

If Bury was to provide the average number of Intermediate Care beds as commonly available across England it would have **49** Intermediate Care beds. Currently we have **74** beds, delivering the England average would be a reduction of **25** beds.

Table 3 demonstrates the activity that would be delivered if Bury performed at the average levels of other Clinical Commissioning Groups and Local Authorities in the United Kingdom. It shows that Bury over delivers on the number of beds, and needs to expand its services delivered through the teams delivery care in people's own home.

Table 3 – Bury's Intermediate Care Activity compared with National Average

Annual Admissions by Service Type	Bury Performance	National Average	Difference
Rapid Response	377	882	505
Bed Based	788	436	-352
Intermediate Care at Home	0	811	811
Reablement	725	829	104
Total	1890	2958	1068

6. Bury's Symptoms

Table 4 shows that unlike other Clinical Commissioning Groups and Local Authorities Bury has not developed its home-based intermediate care services with either no service provision available in Bury or the amount delivered by reablement being lower than elsewhere.

Table 4 also shows that Bury is more reliant on beds and provides more of its services in beds than others, 352 more episodes of intermediate care are delivered in beds in Bury than would ordinarily be in other parts of the UK.

Table 2 shows that the average length of stay in Bury's Intermediate Care services is 34 days. This compares with a national average of 26.7 days. Reducing the length of stay each person remains in a service increases the number of people who can

benefit from the service and also reduces the cost of each episode of care. This table shows that Bealey and our Discharge to Assess beds are particularly inefficient and is one of the reasons why the costs also expensive.

Table 2 also shows that despite having a lot of beds only 75% of the bed capacity was used throughout the year meaning Bury is paying for beds that are empty. This represents nearly £1.5m a year spent on beds that no one used.

Intermediate Care and Reablement in people's own homes is considered an essential element of an efficient and effective intermediate care system. Services delivered in people's own homes are ordinarily more cost effective than delivery solely in a separate bed based facility and can cost up around 1/3 of the cost, meaning that the same budget that supports one person can support over 3 if the balance between care at home and care in a care home or hospital bed is correct.

It's also important to deliver intermediate care at home as this is an essential component to make sure that the people who use these services make the most progress possible. Care in a care home or hospital environment can greatly aid the recovery and rehabilitation of very dependent adults, but after a degree of progress is made their abilities plateau. If once home they are able to access ongoing rehabilitation from a reablement and/or intermediate care at home service, their abilities make further progress increasing their independence and reducing or preventing their need for care.

If an adult is cared for in a bed-based service when they could actually be cared for in their own home because services are not available, this can actually increase their dependence and reduce their resilience making a return to independence far less likely.

As a result of this over reliance on beds Bury is delivering less intermediate care to its residents than is commonly available in other areas and this care will be overall less effective in its aim of increasing independence and preventing, reducing and delaying the need for care.

7. Rebalance Principles and consideration of doing nothing

This project's aims are therefore to:

- Rebalance Intermediate Care services to deliver an equal if not greater number of episodes across Intermediate Care services for an overall reduced cost;
- Redesign to simplify service offer and pathways;
- Improve effectiveness and user experience.

It will do this by

- Aligning our services to best practice and evidence to ensure the services provided are available to as many people as possible within the budget available;

- Ensuring services are delivered more efficiently and all waste is removed and value for money is assured;
- Protecting our high-quality estate and removing estate that is of poorer quality;
- Increasing the activity delivered and improving people's experience whilst receiving the service.

The option of doing nothing poses a significant risk to the system, both in terms of finances and in terms of paying and delivering inappropriate activity in the intermediate tier of services: The implications are that

- If no change is made, intermediate tier services will continue to provide on average 1500 episodes of care each year. If the changes are made this would rise to over 1600 meaning more people will benefit;
- Bury will continue to pay £2m a year more than it needs to in order to deliver a greater volume of care. This is inefficient and does not deliver value for money. In addition it will mean that £2m of saving will have to be delivered elsewhere which could see services cut and activity reduced elsewhere;
- Changing Bury's Intermediate care will deliver these savings whilst at the same time increasing the number of people who can benefit from these services;
- If no changes were made to Intermediate Care our residents would continue to receive the majority of care in beds. Whilst care in beds is important there comes a point where recovery and progress plateaus and further recovery is only possible with further therapy and rehabilitation at home. By not making any changes our residents will not have the opportunity to make further progress and our services will not be as effective as they could be or as they are in neighbouring boroughs

8. Conclusion

It can be seen from the findings of this analysis that Bury delivers too much of its intermediate care in bed-based services; benchmarking shows that many of these bed-based services are more expensive than others and also less efficient. Some are also delivered in buildings that are no longer aligning to modern standards.

Bury must consider reducing the number of beds it delivers and where it does use bed-based services make sure they run as efficiently and effectively as many others do in the UK and that they are delivered as cost effectively as others.

It is evident also that the capacity of home-based services must increase, both reablement and intermediate care at home, where far fewer Bury residents have opportunity to benefit from compared to if they lived elsewhere in the UK.

Intermediate Care at Home services, therapy in a person's own home, are currently being developed as part of Bury's Greater Manchester Health and Social Care Transformation plan but work is needed on increasing the efficiency of Reablement to

ensure this recovery focused home care is delivered to a greater number of Bury residents and as a result its cost effectiveness and value for money also increased.

The following table 7 shows the activity that can be delivered if Bury had the average number of intermediate care beds as other areas of the UK and delivers them as effectively as others do.

Benchmarking available from the National Audit of Intermediate Care demonstrates, using NHS weighted population figures, the median number of beds for a population the size and demographic of Bury would be 49.

Table 4 below shows the activity that can be delivered by these beds assuming 95% occupancy is delivered, which removes all the previous waste and they function effectively by delivering an average length of stay of 26 days, which is the national average and commonly achieved in other parts of the United Kingdom.

The table also shows the activity that can be delivered in reablement by releasing underused capacity. An in-depth analysis of the hours of direct care delivered and those available and not used shows an additional 8161 hours of care are available which would support an additional 258 people per year and increase the size of the caseload by 10. This can be delivered by making changes to the effectiveness of rota systems and scheduling, increasing the responsiveness of the service to rapid changes and removing downtime and waste.

Table 4 – activity regarding the recommended configuration of intermediate tier services

	Recommended			18/19			Difference
	Bed Based	Reablement	Total	Bed Based	Reablement	Total	
Places	49	70	119	74	60	134	-15
Admissions per month	54	82	136	66	60	126	+10
Annual admissions	653	983	1636	788	725	1513	+123

This modelling demonstrates that despite a reduction in beds of 25 using bed-based and reablement more efficiently delivers an extra 10 episodes of care a month and 123 over the course of a year. This achieves one of the principle aims of this project; to maintain or increase the number of episodes on intermediate care delivered.

These changes would mean 135 people receiving their intermediate care at home instead of a bed, or 11 per month. However, the number receiving care in a bed would still be greater than commonly found in other areas of the UK where the number for a population the size of Bury would only be 436, rather than the 653 delivered by this model.

In addition to making these changes Bury is also delivering its Intermediate Care at Home service as part of Bury's Greater Manchester Health and Social Care transformation plans. This will see the following additional activity delivered as illustrated in table 5.

Table 5 – summary of care delivered in re-shaped intermediate tier, if Bury was average

	New Intermediate Care at Home	Total all Intermediate Care Services
Places	85	204
Admissions per month	100	236
Annual admissions	1200	2836

In total, changes to the bed based and reablement services plus the new Intermediate Care at home service will see 2836 people have the opportunity to receive a service providing the support needed to Prevent, Reduce and Delay the need for care and support. This is 1323 more per year than currently achieved.

A further 250 episodes of care per month will also be delivered by Bury's newly enhanced Rapid Response service, increasing the total number of episodes to 5,836.

9. Engagement and consultation

Proactive engagement is currently underway to ensure that the public and staff influence and shape the design of intermediate tier services moving forward. This engagement focusses on the proposal to deliver more intermediate care in people's own homes, and less in bed based services. There are two questionnaires currently live on the internet, and face to face engagement with various groups is planned during February.

The feedback from this engagement will be used to inform detailed proposals moving forward, which will then form the basis of the detailed business case.

10. Recommendations

This model shows that by removing waste, aligning our services to best practice and evidence and delivering services efficiently and effectively Bury only requires 49 beds and therefore must reduce its number of beds from 74 to 49, this is a reduction of 25.

This reduction must be done with regard to the remaining principles of this project; to protect high quality estate improving people's experience of care and ensure we deliver value for money.

It is therefore recommended that the following work is undertaken to support the development of detailed recommendations to fulfil the changes needed to Bury's bed based services:

- Ongoing engagement with the public around intermediate tier services to continue;
- A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date;
- Review of estate within this Tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals;
- Further engagement with the public and other stakeholders on the principle of reducing the bed base within Intermediate tier Services to inform detailed proposals for consultation at a later date.

The timeline for the next steps is expected to be as follows:

- Engagement questionnaires and face to face engagement conversations to be completed by end of February;
- Engagement feedback to be collated 1st to 15 March;
- Final business case for detailed proposals to be produced by 31 May 2020 to come to Strategic Commissioning Board for permission to consult;
- That consultation on the detailed proposals will be undertaken for a period of 4 weeks, from 1 June 2020 to 30 June 2020;
- Analysis of consultation and final report in respect of detailed proposals to be presented to Commissioning Board 3 August;
- Any staff consultation required would therefore be implemented from 4 August to 4 September 2020.

End