Item 4

Adult Social Care and Health Overview and Scrutiny Committee

October 25th 2011

Proposal for South Warwickshire Community Emergency Response Team (CERT)

South Warwickshire NHS Foundation Trust

1.0 Introduction

The current level of available service in the south of the county is not expected to cope with the predicted demand for service this winter. There are a range of actions are already in place, however further action will need to take place this winter to ensure that patients receive high quality care.

The proposal made seeks to increase community based resources by moving some community bed capacity onto the Warwick Hospital acute site and using the resource released by acute bed closures to increase the capacity of intermediate care in the area. The proposal is based on our experience of the new community service in the north of the county where it has been evidenced that people require less acute beds and achieve better outcomes when they have more support to be discharged home in a timely fashion. Furthermore this proposal is in line with the principles of 'cutting the cost of frailty' that have been agreed by the Arden clinical senate (including adult health and social care leaders).

The proposal is an internal service reconfiguration within SWFT commissioned services with SWFT funding the change programme.

2.0 Key Issues

There are a number of initiatives in place before winter that will be beneficial to managing winter pressures (Stratford 'Cutting the Cost of Frailty' pilot, ambulatory emergency pathways, implementation of NHS pathways through WMAS, reablement roll out across Warwickshire) but given the increase in emergency admissions, increase in length of stay and the summer capacity pressures that have been experienced at SWFT there is real risk that in the current configuration of services and clinical processes that the health economy will not have adequate capacity to manage through winter to provide safe and timely care for patients. This also has a significant impact on staff and the ability of SWFT and the local NHS to maintain national standards on emergency and elective access.

A recent snapshot audit of patients in community hospital facilities showed that over half could be cared for at home but there were insufficient intermediate care resources to facilitate this. The proposal will address these issues and ensure that resources are in the right place at the right time to maximise patient experience and increase their health outcomes.

3.0 Modelling

3.1 Winter pressures modelling

The modelling conducted shows that the likely increase in demand will require additional 9 – 26 beds over last year. Two scenarios were modelled the first demand related to demographic change (9 beds) the second that demand continues at the level seen in the first 4 months of the year at the normal summer/winter ratio (26 beds). This would equate to around 60 nights where patients will need to be cared for in A&E over the winter period. In winter 2010/11 all bed capacity was utilised to keep pace with demand for beds – and this winter pressures modelling has shown that the available beds will not keep pace with demand during winter 2011/12.

3.2 Evidence for solution

The Transformation Board has reviewed evidence from the North Community Emergency Response Team implementation – The change of service model – whilst still a new model and untested by winter pressures is making an impact on demand for acute beds. 20 community beds and 18 acute beds have reduced. This has been possible because an extra 4-5 patients a day are discharged from George Eliot Hospital into the community setting who would previously had stayed in hospital and length of stay for emergency patients has reduced . This has had 3 effects on patient experience; they get home sooner, with more support and recover better. This is evidenced by the reduction in the length of stay in the acute setting with a 40% reduction on stays in excess of 15 days (in GEH) which has reduced the total average by 1.1 days for the whole hospital. The performance in the National Indicator NI125 (remaining in discharge destination 91 days post discharge) has seen a considerable improvement in performance since intermediate care has been used sooner to discharge patients. The figure was static in a range between 75-78 %, for the year preceding this improvement, but a shift change in this average to 86% has been observed in the first quarter that these objectives were set. We are awaiting validation of the next quarter's figure but the not yet validated figure has seen a further rise to 91.8%.

Studies published in the early 2000's in the British Medical Journal compared costs and outcomes in the NHS with Kaiser California. In spite of similar population coverage, Kaiser achieved better outcomes at lower costs. Further studies led by Chris Ham of Birmingham University (now CEO of the King's Fund), showed that these efficiencies were achieved through a combination of optimised long-term

conditions management in adults with COPD, Heart Failure and Diabetes, leading to reduced hospital admissions and early supported discharge for people aged 75 plus. These achievements were possible because Kaiser developed integrated care for these patient groups across hospital and community settings. Other organisations, such as the Veterans Administration, have achieved similar results through integration. Work in Ireland has demonstrated the influence of prolonged hospitalisation of bed occupancy and suggested concentration on patients with long length of stay as a more effective strategy to reducing hospital bed usage. (**BMJ** VOLUME 327 29 NOVEMBER 2003, Ham, York, Sutch, Shaw and Q J Med 2007; 100:561–566 Quinn, Courtney, Fogarty et al)

4.0 Proposal for change

It is therefore proposed that Arden ward moves from the Royal Leamington Spa Rehab Hospital site to the main acute site at Warwick hospital. This is a move of 3 miles. That the current rehabilitative elements of the Arden ward remains as currently specified by NHS Warwickshire. That the community bed base does however reduce from 28 to 18 in line with the audit findings and that the resource this creates is reinvested in home based community services to ensure that patients receive the same opportunity for recuperation and rehabilitation as in the north of the county.

All community hospitals were considered for this proposal: However, Arden was selected due to its geographical location and the higher acuity of the patients and their more frequent requirement to return to the main acute site. It was felt that clinically the patients who go to Arden would further benefit from a reduction in the likelihood of being returned to the acute site and would have an enhanced experience of rehabilitation as a result.

The reinvestment would be in a Community Emergency Response service and to expand the current Virtual Ward to cover all Warwick, Leamington and Kenilworth patients (Stratford locality already has agreement for the cutting the cost of frailty pilot to be in place before winter). The recurrent funding for the service will be from within the current acute and community service contracts – and will require a shift from community beds to community services and the relocation of a smaller number of community beds onto the acute site to enable them to operate more flexibly to meet acute and rehabilitation demand.

It is proposed to recruit to the CERT service and put in place the training and referral pathways over quarter 3 to enable the service to be in place from January 1 2012 – to meet the peak in winter pressures demand – and double run the new service with all beds still available and then implement the full model by April 1 2012.

5.0 Resourcing

SWFT will pump prime the new CERT service for 4 months this Winter so that the new model has time to become embedded in practice before the reduction of acute beds and relocation of community beds occurs. This funding is from non-recurrent reserves.

The ultimate model is self financing from the current acute and community contract and will provide a small contingency reserve if additional services are required.

6.0 Recommendations

The Adult Social Care and Health Overview and Scrutiny Committee are asked to consider whether the proposal represents a significant service change that requires full public consultation.

We feel that public consultation is not required because; the specification for the community beds has not changed, the community beds are relocating a short distance (3 miles) and the community bed capacity is being right sized to the level of demand. The change will enable the released resources to be invested in further community capacity that will right size intermediate care in patients' homes.

7.0 Next Steps

The full implementation plan is being developed to implement the new CERT service response by January 1st 2012 and the governance for implementation and realisation of benefits will be through the SWFT Transformation Programme Board.

Consultation with affected staff will commence following the Adult Social Care and Health Overview and Scrutiny Committee meeting.