Adult Social Care and Health Overview and Scrutiny Committee

Community Hospital Inpatient Review

16 February 2022

Recommendation(s)

Recommendation 1: Adult Overview and Scrutiny Committee to note the scope and progress of the Community Hospital review in Warwickshire including the engagement feedback received to date and the output of the Community and Technical Panel exercises.

Recommendation 2: Adult Overview and Scrutiny Committee to consider the proposals in Table 4 and support further exploration to be progressed on each of the proposals in Table 5.

1. Executive Summary

1.1 This report provides the Adult Social Care and Health Overview and Scrutiny Committee an overview of the purpose, scope and progress of South Warwickshire Foundation Trust's Community Hospital inpatient review and presents findings of the initial patient, carer, stakeholder, and staff engagement as well as the future plan and indicative timeline for the review.

1.2 The Health and Social Care Act 2012, Regulation 23 requires relevant NHS bodies and health service providers to consult a Local Authority about any proposal which they have "under consideration" for a substantial development of or variation in the provision of health services in the local authority's area.

1.3 This report covers the following:

- Community Hospital inpatient provision
- The review of Discharge to Assess services
- Hospital Discharge Policy 2020
- The case for change
- Current utilisation, need and demand
- Engagement findings
- Equality Impact Assessment
- Technical Panel
- Community Panel
- Milestones and next steps
- Conclusion

2. Community Hospital inpatient provision

2.1 Community Hospitals have been established in local, usually rural landscapes for over 150 years. Initially identified as cottage hospitals they were a service for patients in rural communities to access health facilities in a safe and clean environment. Before being transferred to the NHS in 1948 they were funded entirely through fundraising, donations, and volunteering. A new model for community hospital provision was developed in 1970s when primary care and secondary care worked closely to offer a wider range of services from Community Hospital sites.

2.2 Locally, Community Hospitals provide a range of in patient and day treatment services within the South of Warwickshire which include treatments, rehabilitation, and end of life care. Community Hospital provision helps expediate discharges from acute hospital as well as, to a lesser degree, help prevent admissions to acute hospital. These small, bedded units receive medical cover from GP's rather than on site consultant support. They are predominately nurse and therapy led services.

2.3 Within Warwickshire there are 2 Community Hospitals, both in South Warwickshire provided by the Out of Hospital Care Collaborative within SWFT.

2.4 The Community Hospital inpatient facilities in scope of the review are;

- Ellen Badger Hospital in Shipston on Stour which has **16 inpatient beds** and;

- The Nicol Unit at Stratford Hospital which has **19 inpatient beds**.

There are a total of **35 inpatient beds** being reviewed across the 2 sites.

2.5 The bedded offer at the Community Hospitals is broadly split into 2 areas;

Acute Discharge (step down) beds (approx. 90% of admissions)

- Patients who have recently experienced an acute illness and require on going 24 hour medical and/or nursing input, for a short period of time. Patient also require further assessment, therapy and supported discharge planning.

Admission Prevention (primary care step-up) (less than 10% of all admissions)

- Patients with a deteriorating health condition requiring medical or nursing intervention that does not require acute admission but cannot be managed at home.

2.6 Added to this the local profile of the Community Hospital offer is unique at each site. Ellen Badger Hospital predominately provides traditional Community Hospital provision with a focus on rehabilitation whereas the Nicol unit generally supports patients with higher levels of need, they may be frail or at the end of life, Patients are also offered therapeutic interventions such as occupational therapy and physiotherapy.

2.7 Clinical interventions available at each site include; nursing care, therapy assessment and interventions, medical assessments, administration of medication, intravenous fluids or antibiotics (Nicol only), wound management, support with nutrition and hydration, continence care and assessment of mental capacity.

2.8 There is currently no Community Hospital provision in Warwickshire North or Rugby, within these geographical area's patients' needs are met via a mix of primary care, community and acute provision.

2.9 Other services provided from Community Hospital Sites such as minor injuries unit/s or Day Hospital/s are out of scope of this review.

2.10 A separate but interdependent project to redevelop the whole of the current Ellen Badger Hospital site is underway. The results of the Community Hospital Inpatient Bedded Review will be shared with the re-design project team to help inform their plans for phase 2 of the building which includes the current bedded unit on site of EBH.

3. The review of discharge to assess services

3.1 A system wide strategic review of discharge to assess (D2A) services was agreed by all local system partners in 2019. The scope of the review was to understand the current delivery and future requirements for all D2A pathways and services across the county to help ensure that these services are sustainable, resilient, and fit for purpose. This review has been undertaken at a time of unprecedented challenge with the onset of the pandemic and the introduction of new mandatory policy governing hospital discharge pathways and assessment practices.

3.2 The review concluded in 2021 and is now moving into implementation phase. Recommendations within the review are to move towards a more simplified, clear and fit for purpose D2A offer. This includes matching services to demand and where possible supporting people within their own home where it is safe to do so.

3.3 Community Hospitals form part of the D2A Pathway 2 offer within South Warwickshire. This means that the vast majority patients are discharged to the hospital following an acute stay in order that they can receive additional time for recovery, rehabilitation, further assessment, and medical support within a 24-hour care bedded setting. A very small number of admissions are step up from the community to Community Hospital via a GP led referral (less than 10% of total referrals).

3.4 **Table 1:** Coventry and Warwickshire Discharge to Assess Pathway definitions based on new Hospital Discharge Policy[1].

[1] Hospital Discharge and Community Support Policy & Operating Model, Department of Health and Social Care 2021.

Pathway	Ambition	Think	Definition
Pathway 0	50% of people	As Is	Discharge home to usual place of residence with: • no support from health or social care once at home or, • the same level of care as that provided prior to admission (even if with different provider)
Pathway 1	45% of people	Own Bed	Discharge home with new or an increased level of care compared to that provided prior to admission
Pathway 2	4% of people	Interim Bed	Discharge to an interim / temporary step-down bed
Pathway 3	1% of people	Permanent Bed	Discharge to a 24-hour care setting that is likely to be a permanent placement

Table 1 provides a breakdown of the different pathways available to patients at the point of discharge. Community Hospital inpatient beds, being part of pathway 2 should account for no more than 4% of all discharges from acute hospital within the over 65's population.

3.5 Community Hospitals are therefore an integral part of the D2A pathway in South Warwickshire and will be reviewed within the context of this wider service offer.

4. Hospital Discharge Policy 2020

4.1 One of the central policy drivers for the D2A review is the **Hospital Discharge Policy 2020**[2] which sets out responsibilities for NHS Trusts, Community and Acute providers and Social Care.

4.2 In September 2020, the original guidance was mandated as policy with the latest guidance revision being made in July 2021. Social care needs assessments and NHS CHC assessments recommenced with assessments being undertaken in a community setting. Acute settings must 'discharge all persons who no longer meet these criteria [to reside in hospital as soon as they are clinically safe'. Discharges must be on a timescale of within one hour for Pathway 0 and the 'same day' for Pathways 1, 2 and 3.

4.3 The Hospital discharge policy and supporting guidance sets an ambition that a maximum of only 4% of all discharges should be discharged to a D2A pathway 2 bedded service. Instead the policy and guidance states that; *Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.*

4.4 The approach to a Home First approach to discharge is central to this policy, NHS England campaign to help reduce long length of stays within acute hospital. This policy acknowledges that an individual's own home, or if

[2] Hospital Discharge Service Guidance, Department of Health and Social Care 2020.

required a care home or other 24hr care setting, is best for their recovery and rehabilitation once their acute medical needs have been addressed.

5. Case for change

5.1 The Community Hospital review takes place within the context of wider changes within both health and social care including the development of the Integrated Care System, the development of out of hospital services, the wider availability of discharge to assess services and the prevalence of preventative programmes to help avoid people requiring acute services such as the proactive frailty programme in South Warwickshire.

5.2 Community health / out of hospital services have developed and altered over time and are now able to support much higher levels of patient need with a focus on admission prevention and supported discharge. This includes 2-hour emergency response in the community and greater levels of skill and competency such as the deployment of Advanced Clinical Practitioners. It is therefore important to review Community Hospital provision within the context of this enhanced and broader community offer that can support more patients at home.

5.3 Some patients go to Community Hospitals to die, alongside this we have inpatient and outpatient hospice facilities that could be utilised to a greater degree of impact and benefit, this issue will be considered as the review progresses with a focus on patient outcomes.

5.4 In April and May 2021, a 3-day multi agency audit of patients using the Community hospital inpatient facilities was undertaken. Of the 50 patients using the beds at the time of the audit at least a third of patients at each site were identified as being able to have their needs met at home rather than within an NHS bedded facility. A further proportion (around 10%) were identified as needing a 24 hour care bed in another setting such as a residential care home or hospice bed.

5.5 There are significant environmental and capital considerations required at both Nicol and EBH to ensure these hospital sites are modernised and fit for the future, this will come at considerable cost and it is therefore appropriate to review the service offers to identify future need alongside capital development required.

6. Current utilisation, need and demand

6.1 Pathway 2 bedded utilisation: There were 923 admissions into Pathway 2 Discharge Services in 2020/21 which represents a growth of 2% compared with 2019/20. Admissions into The Nicol Unit and Ellen Badger accounted for 56% of admissions due to offering the largest volume of Pathway 2 beds in Warwickshire.

6.2 **Table 2** - Total Community Hospital admissions between 2019 - 2021:

	Period 2019-20 and 2020 - 21 (combined total)	% of total admissions
Ellen Badger Hospital	434	45%
Nicol Unit	530	55%
Of these admission numbers above 66 of these or 6.8% were GP led step up / admission prevention*. All others were step down from acute. * During the pandemic there have been periods of time where admissions via the step up from community/GP pathway have been closed which may have impacted on the overall usage of this pathway.		

6.3 Typical patient profile across both EBH and the Nicol Unit:

- The average age of patients across all bed bases is 83 years.
- The largest age group of patients is 85 - 89 years.
- 25% of patients accessing community beds are age 90 years or over.
- 4.7% of patients accessing community beds are under 65 years.
- The majority of patients are female (62%).
- 93% of patients identified as White ethnic group whilst 1.6% identified as Asian ethnic group, 0.1% as Black ethnic group, 0.1% as any other ethnic group 4.4% of patients ethnic grouping was not known.

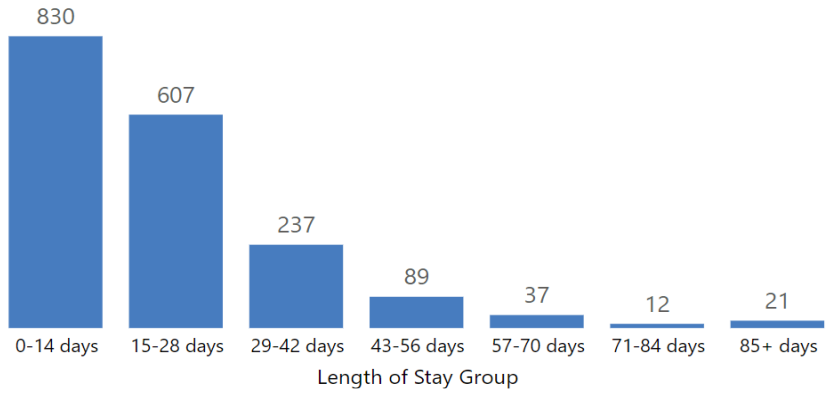
6.4 Patients home address location (home postcode), cumulative data for both sites (January - August 2021), identifies that patients who were admitted into Community Hospitals lived in the following locations:

- Leamington Spa: 23%
- Warwick: 23%
- Stratford upon Avon: 17%
- Kenilworth: 12%
- Southam: 6%
- Alcester: 4%
- Shipston on Stour: 4%
- Henley in Arden: 2%
- Out of area 8.5%
- Not recorded 0.5%

6.5 The average length of stay across both locations is demonstrated in Image 1. The average length of stay across both hospital sites between 2018-2020 is 23 days, this is slightly lower than the national average length of stay for Community Hospitals which is 25 days[3]. There is a small but significant proportion of patients with long length of stays 28 days and over.

[3] Community Hospital Benchmarking, NHS Benchmarking, 2018.

Image 1: length of stay EBH and Nicol 2018 - 2020



6.6 Discharge Destinations for patients that were discharged from Community Hospitals between 2018-19 and 2019-20 are as follows;

- Approximately 70% of all discharges were to the patient's own home.
- 20% of discharges were to a residential / nursing home.
- 5% of discharges were due to the patient passing away (RIP) whilst on the unit;
- Only 0.3% discharges were to a hospice setting.

Engagement approach

6.7 The involvement and engagement of people who have used or may use Community Hospital services is central to and will guide the review process. A stakeholder analysis has been completed to identify key stakeholders and groups who should be targeted as part of the engagement approach.

6.8 The approach to engagement was to primarily target those groups with personal experience of Community Hospital inpatient provision either as a patient or a carer/family member of a patient and/or those who were in a similar demographic group and therefore may use these services in the future.

6.9 These groups were provided an opportunity to complete a survey with questions designed to explore what is important to people about Community Hospital provision and what needs to be considered within the review process.

6.10 SWFT commissioned Healthwatch Warwickshire to distribute and promote surveys to target groups; previous patients, potential patients and wider public and stakeholders. Healthwatch also independently analysed all survey results and published these findings on their website which can be found here; https://www.healthwatchwarwickshire.co.uk/report/2021-09-20/south-warwickshire-community-beds-review

6.11 Healthwatch are particularly skilled in engaging with communities, groups, and individuals within the target group and survey respondents were offered the opportunity to complete a paper based, online or telephone based survey. The survey link was live and accessible for a period of 3 weeks. A list of the groups that Healthwatch targeted for surveying is enclosed as Appendix 1.

6.12 To gain further rich and in-depth insight into current patients experience of Community Hospitals a series of face to face patient interviews were conducted across EBH and the Nicol Unit in June and July 2021. A total of 27 interview were undertaken.

6.13 Patients were selected on the basis that they consented to take part and that undertaking the interview would not compromise their own health or wellbeing. Patient with levels of cognitive impairment were also in scope and able to take part in the interviews with appropriate support and guidance from ward staff. Interviewee's feedback has been included with the survey respondents' feedback and is detailed in section 7 of this report.

6.14 Staff and wider stakeholders who either work at one of the current Community Hospital sites or professionals working closely with or referring to the Community Hospital provision were also asked for their views. This was collected via a survey with space for free text responses. Again, these responses have been collated and are put forward within section 7 of this report.

7. Engagement Findings

7.1 The key themes from the patient's surveys, on ward patient interviews and staff and stakeholder surveys have been summarised and analysed. General themes include:

- ✓ A desire and need to access therapy and/or an increased amount of therapy to aid recovery.
- ✓ The importance of having time to rest, recover and recuperate away from the acute hospital environment.
- ✓ The benefit of social interaction and regular meals and nutritional support to aid recovery.
- ✓ Feeling safe and well supported.
- ✓ Being able to receive visitors whilst recovering.

Highlight points and feedback from specific groups are as follows:

7.2 People with direct experience of Community Hospital inpatient provision:

- 44% of interviewees reported that they were recovering at the community hospital following a fall with most reporting that their overall admission reason being for recovery, rehabilitation or 'bed rest'.

"Physio once a week for bad arthritis in both feet – been bad for many years." (Male, 72, Ellen Badger).

"2 weeks rest for leg – physio as well but mainly rest – then back to specialist as an outpatient." (Female, 85, Ellen Badger).

- Being able to receive 'physio' and support with care needs was highlighted by patients as important factors during their period of recovery.

"Physical care as can't do it for myself." (Female, 85, Ellen Badger).

"Little Exercises – physio comes – need to be supported to get back on my feet." (Female, 86, Nicol).

"They need more people – didn't have enough physio – would have been a faster recovery if there was more physio." (Female, 83, Nicol).

- Support with emotional needs, social interaction (staff and patients) cited as very important with some patients referring to being 'lonely' at home.

"Being around people – improving mental health – was lonely at home and found the experience traumatic." (77, Ellen Badger).

"Company – atmosphere – meeting for supper in the TV room." (78, Ellen Badger).

- Some patients highlighted the personal service received at a Community Hospital was greater compared to large acute setting. Comments around kindness of staff, environment being smaller, homely, and able to accept regular visitors were also key features of feedback received.

- Patients felt the environment of care at the Community Hospital helps aid a good routine as well as receiving regular meals, and hydration.

- Further comments and feedback indicated that Patients are not always clear about why they were at the Community Hospital or what to expect post discharge.

"I think it will be another ward like this." (Male, 50, Ellen Badger).

"No one talks about going home at the moment." (Female, 95, Nicol).

- When thinking about an 'ideal' scenario some Patients would like to re-habilitate at home rather than within a hospital but appear to have some doubts that the right care and equipment would be available to do this.

"Home to live independently – with support from a paid carer if have to but can't afford it." (77, Ellen Badger).

"Ideal would be at home with a package of care because then I can have visitors." (Female, 95, Nicol).

"Ideal would be home with carers." (Female, 74, Ellen Badger).

- Some Patients felt that the Community Hospital offer continuing exactly as it is delivered at the current time would suit their needs best.

"Best to come here rather than home – here physical needs are met and its local." (Female, 88, Nicol).

"Here – physical and medical needs are met until fit to be more independent at home." (Female, 85, Ellen Badger).

7.3 Former patients survey feedback:

Former patients of both community hospital sites were asked what they felt were the main benefits of Community Hospital provision, the top 3 answers were.

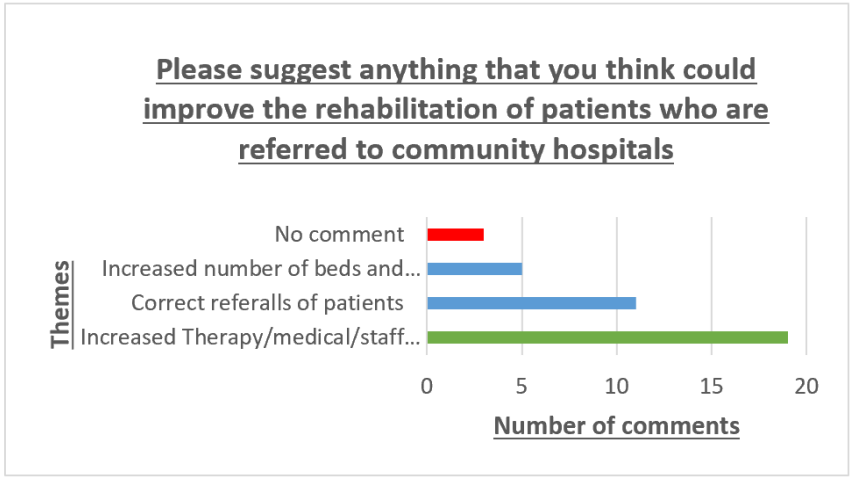
1. Quality of care
2. Rehabilitation
3. Eases transition from hospital to home

7.4 People without direct experience of community hospital provision:

Those without direct experience of Community Hospitals rated the same top 2 benefits as those with direct experience with exception of the 3rd most important area for this group being 'care closer to home' as opposed to 'eases transition from hospital to home'.

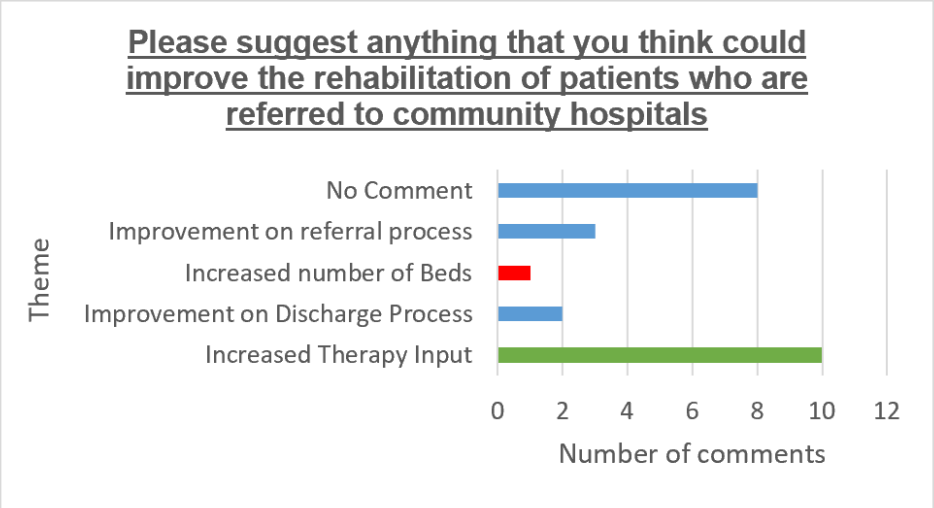
7.5 Staff working at Community Hospitals and/or professionals with knowledge of or referrers to the community hospital provision were asked a range of questions about the current offer and potential future requirements with staff indicating that Increased access to therapy medical support and staff was the areas that could most improve patient experience whilst at the Community hospital.

Image 2: Staff survey response:



7.6 A range of professionals that have knowledge of or refer to Community Hospitals were also surveyed, again access to therapy was highlighted as the area that could most improve a community hospital stay.

Image 3: Professionals survey response:



7.7 Acute staff were asked the same questions as those staff working within community hospitals. 11 acute staff responded to the survey of which 5 felt that between 21-40% of patients could be supported elsewhere e.g. home rather than a Community Hospital inpatient facility. A direct comment from a survey responder: *Many of my patients could go home with a package of care of 4 calls a day and physiotherapy input from the beginning (not 6-8 week wait as is often the case at home). Some would need support at night.*

7.8 Ongoing engagement with key groups as well as the formation of a community panel will help further refine the key themes, in particular this process will seek to fully identify the desired criteria and specific detail of areas identified such as 'increased therapy' and what this should look like within the future community service.

8. Equality Impact Assessment

8.1 A full Equality Impact Assessment has been undertaken to support the review and will be regularly refreshed as the review progresses.

8.2 The review of community inpatient facilities is underpinned by an Equality Impact Assessment (EIA) which also includes the wider determinants of health. At each stage of the review process this EIA will be kept up to date to ensure that due regard is given to the impact of the review on the protected characteristics of current and potential future users of community inpatient facilities as well as the wider determinants of health.

9. Technical Panel

9.1 A Technical Panel was formed in November 2021 to consider the long list of proposals put forward from the public engagement and to consider these against a set of hurdle criteria with a key aim of agreeing viability of each proposal.

9.2 The Technical Panel comprised of the following roles who were identified as having expertise and knowledge around the community bed offer; Nursing representatives, Medical representatives, Governance, Finance, General Manager, Therapy lead, Business Development, Staff Governor, Organisational Development, Social Care and Healthwatch. The meeting was facilitated by The Assistant Director for Operations for Out of Hospital SWFT and the Consultation Institute.

9.3 The hurdle criteria was agreed as follows.

Patient safety & quality	Does the suggestion promote patient safety and clinical quality for patients in south Warwickshire?
Workforce Delivery	Will the workforce be able to deliver the suggestion?
National and local direction	Does the suggestion meet the strategic direction of travel for hospital discharge services?
Affordability	Is the suggestion affordable and sustainable?

The hurdle criteria are a binary part of the process, and each proposal will either meet or not meet the agreed criteria. The Technical Panel used an interactive scoring exercise to capture their agreement/disagreement to each element of the hurdle criteria. Of the 14 proposals originally put forward 5 were deselected as non-viable against the hurdle criteria. (This is reflected in Table 3)

Table 3 Deselected proposals

Proposal	Reason for de-selection
Retain the Community Hospital exactly as is now.	Did not meet hurdle criteria: • National and local direction of travel.
Provide ensuite rooms only	Did not meet hurdle criteria: • National and local direction of travel. • Affordability
Increase the number of community hospital beds	Did not meet hurdle criteria: • National and local direction of travel. • Affordability • Workforce delivery
Cease Community Hospital ‘as is’ and provide support within a current	Did not meet hurdle criteria: • National and local direction of travel. • Workforce delivery

or new care home provision (newbuild or development)	
Reduce the number of Community Hospital 'as is' and provide support within a current or new care home provision (newbuild or development)	Did not meet hurdle criteria: • Affordability • Workforce delivery

The remaining proposals went for consideration to the Community Panel detailed in Table 4 of this report.

10. Community Panel

10.1 In December 2021 a panel of community representatives were convened to consider the inpatient review proposals as derived from the original engagement and Technical Panels subsequent shortlisting.

10.2 Representatives were invited to attend the panel from patient forums, senior citizens groups, hospital league of friends, carers organisations, faith groups, health and wellbeing partnerships, Citizens Advice Bureau, Heath Watch, community support groups, dementia support groups, disability support groups, community and voluntary action (CAVA).

10.3 The panel collectively agreed their 'desirable criteria' these are the things that are important to community panel representatives and the wider communities they represent.

10.4 To present this visually the panel contributed key words to suggest the things that are important to them within the context of the review which is displayed in the word cloud below.

10.5 A key theme for community panel is accessibility of services. Further discussion around this topic revealed that where individuals require

rehabilitative support they feel this should be available in a variety of ways and should be easy to access. Clear communications associated with service offers and support as well as the provision of good quality care were also discussed as very important. The desirable criteria highlighted by the Community Panel will be used to help guide the remainder of the review.

10.6 Furthermore, members of the community panel were asked to 'rank' the remaining proposals in order of preference. These preferences are detailed below alongside the Technical Panels final recommendation once they had been presented with findings from the Community Panel.

Table 4: Community Panel preferences alongside Technical Panels final recommendations:

Proposal	Community Panel preference	Technical panel final recommendation. Should the proposal progress to the next stage?
1. Keep the Community Hospitals as is but change the type of services on offer: • Diagnostics • Frailty Chair A combination of the above or 'other' to be identified service offers alongside BAU or reduced number of Community beds.	1st choice	Yes
2. Continue with some of the Community Hospital beds and invest in homebased alternatives such as package of care or therapy.	2nd choice	Yes
3. Retain the Community Hospital offer but change the location.	3rd choice	Yes
4. Continue with some Community Hospital beds and invest in a virtual ward to support and compliment this.	4th choice	Yes – suggest merge with 2nd proposal as very similar
5. Invest in the hospice service model to divert pressure from Community Hospital of those at the end of their life plus continuation of a proportion of community beds.	5th choice	Suggest deselect for this review and consider within the Hospice review

6. Invest in the hospice service model, cease community beds and invest in an alternative home based model.	6th choice	Suggest deselect for this review and consider within the Hospice review
7. Cease Community Hospital bedded provision and invest in 'own home' alternatives and/or virtual ward.	Least preferred choice	Although in line with HomeFirst policy suggest deselect as a continued need for community beds remains therefore proposal not feasible.

A total of **3 proposals** will be taken forward as part of the review for further exploration this includes merging proposals 2 and 4 and deselecting proposals 5, 6 and 7.

Table 5: Final proposals for further exploration

No	Proposal
1	Retain the Community Hospitals offer but change the type of services e.g: • Diagnostics • Frailty Chair • A combination of the above or 'other' to be identified service offers alongside BAU or reduced number of Community beds.
2	Continue with some of the Community Hospital beds and invest in homebased alternatives such as package of care or therapy and/or a virtual ward in the community.
3	Retain the Community Hospital offer but change the location.

11. Milestones and next steps

11.1 The timeline and expected milestones for the remainder of the review are included as an infographic timeline as Appendix 2.

11.2 The next stage of the review is to fully explore the final 3 proposals. This will be guided by Community Panels desirable criteria, Technical Panel's original hurdle criteria around viability and will be centred around the following key questions.

- ✓ What is the optimal capacity* required?
- ✓ What services are required to wrap around the service/offer?
- ✓ Where should the community capacity be located?

*capacity in this context could be community support (e.g., domiciliary care/care homes) and/or community inpatient beds.

11.3 At this stage of the review HOSC members should consider the planned approach and indicate if it is foreseen that any of the proposals represent a substantial development or variation in the provision of health services in the local authority's area.

11.4 If formal consultation is now triggered the CCG will lead this as the statutory duty to involve and consult ultimately sits with the CCG and then the Integrated Care Board when this forms as part of the Integrated Care System (ICS) later in 2022.

12. Conclusion

A review of Community Hospital Inpatient facilities is underway within Warwickshire. This review is not only timely but also strategically important for the local health and care system. The aim of the review is to understand if the support provided for patients at the point of discharge is being delivered in the right place and at the right time. Learning from the pandemic and wider service and the developments to the out of hospital offer are important points of context for the review. People with direct experience and those that may experience community hospital services are at the centre of this review. The review will conclude with a clear agreement on the future offer within the community. This will be achieved by following the plan described within this report.

Appendices

Appendix 1 - Community groups targeted for survey responses.
Appendix 2 - Community Hospital Infographic timeline.

Background Papers

None

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