Virtual Wards

To:	Adults and Health Committee
Meeting Date:	9 March 2023
From:	John Rooke, SRO for virtual wards, Cambridgeshire and Peterborough ICS and Managing Director, North Cambridgeshire and Peterborough Care Partnership
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	For Information & General Discussion
Recommendation:	To note the progress of the Virtual Ward Programme

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1.   Background

1.1   Our aim is to implement virtual wards which allow patients to get the care they need at home safely and conveniently, rather than being in hospital. This will:
- support people with frailty or acute respiratory infections;
- support people at the place they call home, including care homes;
- provide remote monitoring using apps, technology platforms and medical devices such as pulse oximeters;
- involve face-to-face care from multi-disciplinary teams based in the community; and
- provide alternatives to hospital admission.

1.2   Acute Virtual Wards are being commissioned across the entirety of NHS England as part of a national strategy to increase capacity and align capability and resources to manage prioritised groups of patients at home.

1.3   Since April 2022, Cambridgeshire and Peterborough Integrated Care System (C&P ICS) has been developing and implementing its Virtual Ward model of care. The model of care was formed from a formal options appraisal April through May '22 and described in a delivery plan submitted to NHS England (NHSE) in June '22. One of the key determinants from the options appraisal was the range of patient management systems in place across providers with each acute provider having uniquely different systems. It was therefore more practical in the short to medium term to plan and develop the model on a provider level (Acute Trust) basis.

1.4   The Integrated Care System (ICS) has implemented a hub and spoke model in year one (2022/23) with three acute hospital Trusts having developed acute virtual wards from autumn 2022. There is an ICS level programme board overseeing the development of the new structures, resource requirements and the interface with NHS England East of England Virtual Ward programme team.

1.5   Set-up funding of £2.8m was allocated by NHSE to the ICS to establish the delivery plan and open the Virtual Wards. There was also an additional £112k of non-recurrent funding allocated to fund remote technology systems to support acute care at home.

1.6   The patient group priorities as defined by NHSE, in year one, included Frailty, Respiratory and Heart Failure patients. Crucially the defining criteria is that these patients would otherwise still not be medically fit and occupying a hospital acute bed. As such, Virtual Wards are not an alternative for patients living with long terms conditions or those medically fit and currently in hospital.

1.7   Virtual Ward care is not entirely new and therefore an initial exercise was to establish the existing level of activity that meets the national definition and what new activity would be required above that to reach the trajectory points. Predominantly this was found to be intravenous infusion services delivered in patients own homes for particular type of short lasting acute infections and COVID care across respiratory services.

1.8   Virtual Ward care is only one facet of a range of unscheduled care initiatives and commissioned services across the Integrated Care System. As such in the planning process it has been essential to be definitive in the role and function of virtual care and the interface and synergies alongside other services in the community.

2. Key achievements

2.1   As of February 2023, we have created capacity of approximately 190 virtual ward bed 'equivalents'. This has been achieved through the commitment of our care staff to develop new models of care in the community. Presently we are reporting between 50% and 65% occupancy and our focus is on ensuring that occupancy of current capacity is optimised.

2.2   In line with national direction, the ICS programme board has also focused on safely avoiding the need to admit patients to hospital beds developing alternatives to hospital care to support admission avoidance. Across the ICS the Greater Peterborough Network (GP Federation) is working collaboratively with North West Anglia Foundation Trust (NWAFT) and Granta (GP Primary care Network provider) with Cambridgeshire University Hospitals Foundation Trust (CUHFT) to deliver step up virtual ward capacity to support admission avoidance. Patients can be cared for in their home, with up to 5 days wrap around support provided from health and care professionals. This model of care is also supporting proactive identification of patients currently in hospital who would benefit from care at home, specifically for frailty.

2.3   Virtual ward services are being managed operationally at Acute Trust level and the clinical governance and operational accountability being managed through Virtual Ward triumvirate teams (Clinical Lead, Head of Nursing and the Operational Manager). These teams are also developing local plans, pathways and links into services who may benefit from virtual ward care.

2.4   The local triumvirate teams are developing systems and processes for capturing and measuring patient experience and outcomes from the virtual wards. Oversight of progress is managed through the ICS Virtual Ward Programme Board, ICS Unplanned Care Board and ICB Quality, Performance and Finance Committee on a monthly basis.

3. Next steps in 2023/24

3.1   By September '23 the NHS expects virtual wards to operate at 80% occupancy. Therefore, we will continue to focus on scaling up capacity to over 200 beds (exact number is currently in planning) but also ensuring occupancy is optimised.

3.2   Whilst Frailty, Heart Failure and Respiratory have been the year one (2022/23) priorities, the plan for 2023/24 is to develop new pathways for musculoskeletal care elements of palliative care, paediatric, acute surgery and admission avoidance through in-reach into our emergency departments.

4.   Source documents guidance

4.1   Source documents

https://www.england.nhs.uk/wp-content/uploads/2021/12/B1207-ii-guidance-note-frailty-virtual-ward.pdf
https://www.england.nhs.uk/publication/enablers-for-success-virtual-wards/

Appendix 1: Health Inequalities Impact Assessment template

This templated has been designed to be completed sequentially during each stage of the HIIA process and should be completed by the team responsible for the decision.

Name of people completing this analysis:
Peter Gent, Virtual Ward Programme Manager

Name of Sponsor Director:
John Rooke

Date last completed:
28th February 2023

Stage 1 questions – Description of the change and the health impacts **Date completed:**
Please provide a brief description of the change that is being assessed. Our aim is to implement virtual wards which allow patients to get the care they need at home safely and conveniently, rather than being in hospital. This will: - support people with frailty or acute respiratory infections;   - support people at the place they call home, including care homes;   - provide remote monitoring using apps, technology platforms and medical devices such as pulse oximeters;   - involve face-to-face care from multi-disciplinary teams based in the community; and   - provide alternatives to hospital admission.   What are the impacts on health likely to be? Please refer to Health Impact Assessment conclusions. 1. Virtual Wards will allow a wide range of patients to be cared for outside of the hospital environment as well as avoiding the need for inpatient admission for some others. 2. Appropriate patients are managed remotely in their usual place of residence and not in an acute hospital environment. 3. From a patient experience perspective, shifting the balance of care from acute beds to care in own homes has the potential to improve overall experience. 4. Reduction in length of stay in acute hospital beds 5. Release hospital bed capacity for patients who require inpatient stays 6. There will be improvements in patient health, mental health and well-being outcomes through home based care.

Stage 2 and 3 questions – Brainstorming, and assessing the inequalities impact and finding evidence
Date Stage 2 completed: 28 February 2023
Date Stage 3 completed: 28 February 2023

Stage 2 questions
Please list all the possible positive and negative impacts on *access* or *health outcome* that your team can think of for the following groups. N.B. At this stage it is better to include as many as possible.

Stage 3 questions
Please describe the evidence used to assess the likelihood of these impacts and the evidence used to make that judgement (this may include local data, national research, surveys, reports, discussions with patient representatives or third sector organisation, focus groups, pilot activity evaluations or other Equality Analyses.

Ensure those listed in EIA (1) are captured here

| Group | Stage 2 | | | Stage 3 |
	Impacts on access and likelihood (rare, unlikely, possible, likely, almost certain)	Impacts on outcome and likelihood (rare, unlikely, possible, likely, almost certain)		Evidence
Lower socio-economic groups (e.g. those on low incomes, unemployed, receiving means-tested benefits)	Almost certain Positive	Almost certain Positive		All patients will be considered within scope for virtual ward, so there should be benefits for all patient groups including those with protected characteristics with very little adverse impact or risk. For example: a) patients of lower socio-economic groups with lower incomes will be more able to maintain their usual support network in their own home, due to transport costs making patient visits by family etc to hospital more difficult.

			b) Any patient with issues with financial security and the move to a virtual ward will enable these issues to be identified and addressed more effectively through support sought from partner organisations (e.g. local government housing and benefits teams)
Disadvantaged groups			
People who are minority ethnic	Almost certain	Almost certain	All patients will be considered within scope for virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk. For example, patients will be in their own home and therefore able to access their usual support network. This will hopefully facilitate more culturally competent care planning and improve the management of their condition.
People who are Lesbian, Gay, Bisexual and Transgender plus	Almost certain	Almost certain	All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk
Older adults, particularly those living in rural areas who rely on public transport	Almost certain	Almost certain	All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups especially those who will be at

			their usual place of residence rather than an acute hospital.
Those with current or prior justice system involvement	Almost certain	Almost certain	All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk
Those who spent time in care as a child or experienced multiple Adverse Childhood experiences**	Almost certain	Almost certain	Children are not currently served by the virtual ward. However, all adults will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk
Inclusion health groups			
Those sleeping rough or housing insecure	Almost certain	Almost certain	All patients will be considered within scope for virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk. For example, the move to a virtual ward will enable housing insecurity issues to be identified earlier and addressed more effectively (with and through partner organisations) for the patients for whom the virtual ward is being considered.

Those belonging to the Gypsy Roma and Traveller community	Almost certain	Almost certain		All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk
Asylum seekers, refugees and undocumented migrants	Almost certain	Almost certain		All patients will be considered within scope for virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk. For example, the move to a virtual ward will enable housing insecurity/no recourse to public funds issues to be identified earlier and addressed more effectively (with and through partner organisations) for the patients for whom the virtual ward is being considered.
Those who do not speak English	Almost certain	Almost certain		All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those who don't speak English through the use of translation services.
Street-based sex workers	Almost certain	Almost certain		All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with protected characteristics with no adverse impact or risk

Those with a severe mental illness	Almost certain	Almost certain		All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with mental health conditions and support services and/or key workers will be involved in the care provided.
Those with a learning difficulty	Almost certain	Almost certain		All patients will be considered within scope for the virtual ward, so there should be benefits for all patient groups including those with learning disabilities and carers, support services and/or key workers will be involved in the care provided.

Stage 4 questions
Risks to increase in inequalities, opportunities to decrease inequalities and mitigation plans
Date completed: 28 February 2023

Please describe what mitigating steps have been taken to reduce the negative impacts or enhance the positive impacts. Please state the risks that have been included in the project risk register.

There are no risks identified concerning an increase in inequalities, however, the holistic care planning for individuals will be monitored to ensure that we support the individual needs of the patient transferring to the virtual ward and to any care services beyond.

Stage 5 questions
Monitoring and Evaluation
Date completed: 28 February 2023

Please describe how you will monitor and evaluate the impact that your decision has on inequalities.

To date, the virtual ward has been established for only a few months. Detailed analysis of inequalities has not yet been undertaken by the programme. However, the following monitoring is underway.

1. Clinical audit will take place on a monthly basis where a sample set of 10% will be monitored and reviewed via current clinical governance structures. These audits will make use of agreed data sets that match those already being utilised within hospitals. They will include number of patients in the virtual wards, discharges, length of stay, adverse incidents and patient satisfaction.

2. Virtual ward Standard Operating Procedures (SOP) have been written in conjunction with the NHSE guidance which include the hospital at home framework. Compliance with NICE Guidance and current clinical best practice will be delivered in the virtual ward.

3. All NICE guidance will be applied to any SOP. Patient will always comply with the clinical pathways including NICE Guidance recommendations for all conditions.

4. Patient Reported Outcome Measures will be utilised to report quarterly and this feedback will be monitored to make changes/improvements where deemed necessary.

As the programme develops into 2023/24 (beyond the initial set-up phase) these measures will include how the virtual ward impacts on inequalities using formal patient feedback and the impact on protected characteristics groups identified.

Stage 6: Assessment of benefits of integration
Date completed: 28th February 2023

Would providing this service in an integrated way, either integrated within health service or integrated with social care, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved?

Answer: Yes

If yes, please briefly state the plan for this integration:

1. All stakeholders within the ICS will be involved in delivery of the virtual ward as inter-partnership working. The holistic assessment of needs of an individual will draw on support of multiple agencies.

2. This programme is led by the ICS Unplanned Care Board and the Virtual Ward Programme Boards. All partners contribute to the two Programme Boards, which oversee the delivery of the virtual ward Programme and encourages partners to work together to deliver an effective service. The Programme Boards oversee the monitoring and resultant changes to the pathways. They also encourage partners to share learning across the system.

3. All patients (except children) will be considered within scope for the virtual ward and the aim is to ensure that no one is disadvantaged by the proposal.

4. Any impacts on inequalities will be identified and addressed as part of the next monitoring and evaluation of the virtual ward.

Date of finalisation of Health Inequalities Impact Assessment: 28 February 2023

APPENDIX 2 – GUIDANCE AND CHECKLIST FOR IMPLICATIONS

Report authors should decide whether in each category there are no, some or significant implications, considering each of the prompt questions. A commentary need only be included within the report where there are significant implications. Report authors will need to clear each implication category with the relevant Team. They may wish to this before the drafting a report particularly if the issue is contentious.

A working definition of "significant" is where the broader implications of a proposal are so evident /substantial that they need to be taken into consideration when Members are making a decision on the proposal.

All headings (in bold below) should be included. However, if the implications have been referenced earlier in the report, the detail does not need to be repeated – just a reference made to the relevant text.

Resource Implications	• What are the capital and revenue costs? • What is the availability of current and future budget provision? • Is the organisation delivering value for money? • Is the best placed organisation delivering this service? • What are the implications for our property assets? • What are the implications for Information and Communications Technologies (ICT) and data ownership? • What are the impacts on human resources – employees' Terms & Conditions, work location, staffing levels, industrial relations, Human Resources (HR) policies and if so has advice on the report been sought? • Are resources being used in a sustainable way, with regard to carbon dioxide (CO_2) emissions, climate change adaptation/mitigation, and long-term impact on environment? • Have we considered and are we in line with best practice? • Is our performance as an authority or partnership impacted?
Procurement/ Contractual/ Council Contract Procedure Rules Implications	• Have you evidenced compliance with the Council's Contract Procedures Rules? • Have you identified where you are seeking Committee to approve an exemption from the Contract Procedure Rules and detailed the risks and mitigations? • Have you identified any EU or UK legislative risks associated with the exemption process such as non-compliance with the Public Contract Regulations Act 2015, transparency and open competition? • Have you identified the procurement or contractual risks associated with a contract? • Has the contract/procurement been subjected to the Council's Commercial Board? • This includes re-procurement
Statutory, Legal and Risk Implications	• Did the proposal originate as a result of statute? • What is the relevant statutory guidance? • Are there any legal implications? • Are there any reputational implications? • What are the key risks and how might they be managed? • Are there any community safety implications? • Are there any health and safety implications? • Are there any human rights implications? Please consult with the Legal Team for advice on completing this section?

Equality and Diversity Implications	The completion of this paragraph demonstrates that you have had due regard to the Council's equalities duties under • The Public Sector Equality Duty within the Equality Act 2010 • Other relevant legislation such as The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018, • The Council's commitment to meet the Public Sector Equality Duty for Socio-economic Inequalities. Depending on the situation, it may also demonstrate that you have had due regard to the Council's duties under the Equality Act as it relates to our work as: • An employer • A service provider • An education authority and/or • A property owner. The Council has decided to use the Equality Impact Assessment (EqIA) process to help us demonstrate that we have met the above requirements. For more information on our duties and responsibilities, and guidance how to use the EqIA e-form etc, please see the [CCC Equality Impact Assessment Hub](#) A completed EqIA form (downloaded from the EqIA e-form) must be attached as an appendix to this report. The key findings – including mitigating actions or opportunities to improve equality, diversity, and inclusion – should be included in the report as appropriate.
Engagement and Consultation	• Has there been community engagement / public consultation and if so, what were the results? • Has discussion on the proposals taken place across directorates and with other relevant councils / agencies? • What are the implications for engagement with voluntary/community sector? • Have affected employees been consulted? • Have local Members been consulted and their views taken into consideration? • Where you are recommending changes that impact on a community, has an Equality Impact Assessment been carried out incorporating feedback from community engagement where appropriate? (see section on Equality and Diversity Implications, above)
Localism and Local Member Involvement	• Does the proposal empower communities to do more for themselves? • How will the proposal harness the energy of local communities to work with the County Council? • Does the proposal involve devolving decision-making and delivery to a more local level? • Have you fully informed Local Members about matters affecting their divisions during the formative stages of policy development and discussion at informal meetings, as required by Part 5.3 – Member/Officer Relations of the Council's Constitution?

Public Health	• Will the proposal have an impact on the health of Cambridgeshire residents?
	• Will the proposal support improving the health of the worst off fastest?
	• Will the proposal impact on a key health and wellbeing need identified in the Cambridgeshire Joint Strategic Needs Assessment (JSNA)
	• How does the proposal ensure that public health preventative measures for COVID-19 are being adhered to.
	• What national guidance on COVID-19 is relevant to this proposal. All national guidance can be reviewed at the following link: https://www.gov.uk/coronavirus
	The suite of Cambridgeshire JSNA documents are available on the Council website at the following link: http://www.cambridgeshireinsight.org.uk/jsna
	Please consult with the Public Health Team for advice on completing this section.
	Contact number: 01223 699689.

Environment and Climate Change	Answering the below questions will help indicate the positive/neutral/negative status of the Environment and Climate Change implications. Where the answer is "yes" the section response is "positive". Energy efficient, low carbon buildings: • Will the proposal decrease energy use for the council and/or communities? • Will the proposal lead to a switch to low-carbon energy supply, including renewables? Low Carbon Transport: • Will the proposal decrease use/reliance on the private car? • Will the proposal encourage use of cleaner modes of transport? Eg. EV, cycling, walking. • Will the proposal increase use of public transport? Green spaces, peatland, afforestation, habitats and land management: • Will the proposal encourage, incorporate or implement tree planting? • Will the proposal prevent or minimise tree removal? • Will the proposal create, enhance or reduce damage to green space or natural habitats? • Will the proposal improve the accessibility of green space or nature? • Will the proposal lead to the improvement of peatland condition or extent? E.g. sustainable agriculture, restoration Waste Management and Tackling Plastic Pollution: • Will the proposal reduce waste generated by the council and/or residents, increase recycling, or encourage use of sustainable materials? • Will the proposal reduce rubbish and waste, especially plastics, or reduce emissions from landfill? Water use, availability and management: • Will the proposal lead to reduced risk of flooding? • Will the proposal promote and/or implement nature-based solutions to climate change (e.g balancing ponds, Sustainable Drainage solutions, tree planting etc) to manage the effects of climate change? E.g. Flood risk or heatwaves. • Will the proposal help minimise use and wastage of water at the council and/or for communities, or help secure water supplies for the future? Air Pollution: • Will the proposal lead to a reduction in air pollution or an improvement in air quality? Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change: • Will the proposal lead to our services having greater ability to cope with the effects of climate change? E.g. flooding or heatwaves • Will vulnerable people better cope with climate change? See the Climate Change and Environment strategy here for further information on the Council's climate priorities. Contact the Climate Change Officer if you encounter any issues in completing these implications: mlei@cambridgeshire.gov.uk.