



To: Health and Social Care Scrutiny Board (5)

Date: 11th December 2024

Subject: Virtual Ward

1 Purpose of the Note

- 1.1 The purpose of this note is to detail the virtual ward delivery model, outlining the evolution of virtual wards at UHCW, the future plan and how they continue to integrate with community services, Adult Social Care and other system partners.

2 Recommendations

- 2.1 Health and Social Care Scrutiny Board is recommended to:
 - a) Note the contents of the briefing note and provide continued support for virtual ward expansion as part of the One Coventry Integrated Team.
 - b) Identify any additional recommendations.

3 Background and Information

- 3.1 In 2022 the trust were required to deliver a virtual ward model in line with annual planning guidance and the NHSE virtual ward programme. The Coventry and Warwickshire Integrated Care System (ICS) was expected to deliver a virtual ward model, provided by the three acute providers. The UHCW model serves the populations of Coventry and Rugby.
- 3.2 As a reminder of the national context, UHCW were asked by NHS England to extend or introduce virtual ward capacity with an ambition of 40-50 virtual ward 'beds' per 100,000 population by December 2023. Local analysis, modelling and clinical intelligence supported the development of a 155-bed model for UHCW, with a blend of virtual ward and hospital at home care. This model folded in the existing UHCW@Home antibiotic service and created additional bed capacity through the efficient and productive use of resource, and through the use of enabling technologies that help people to stay at home and live more independently.
- 3.3 Due to a significant funding cut in 2022/23 of 40% of the initial funding by NHSE to pump prime the virtual ward initiative the UHCW model was remodelled to support the delivery of a 90-bed model.
- 3.4 In 2023-2024 Virtual wards in Coventry and Rugby continued to deliver a bed base of 40, consisting of but not exclusive to frailty, Acute Respiratory Infection, Heart Failure and General medicine pathways.

- 3.5 In 2024 as part of the Improving Lives programme of work, specifically the design and development of One Coventry Integrated Team (OCIT) UHCW Virtual ward model was decoupled from its existing UHCW@Home model and integrated into the OCIT model.
- 3.6 OCIT as part of the improving lives programme delivers integrated care that supports people in Coventry with urgent need by providing a service based on what they need rather than by the existing services we had. Furthermore, ensuring that the people in Coventry receive care in the community for as long as possible and only access care when necessary.
- 3.7 Following the successful transformation of Virtual wards into OCIT a bed base of 50 with a consistent occupancy rate above 80% has been achieved within the consultant led pathways within OCIT.
- 3.8 Consultant led pathways within OCIT currently consist of Frailty, Heart Failure, General Medicine, Short Term antibiotic therapy, Acute Respiratory Infection and acute Oxygen therapy at home with the current development of additional pathways such as Acute Urinary Retention pre-hospital and Early Supportive Discharge following bowel resection.
- 3.9 With the much-anticipated development of new consultant led pathways within OCIT the bed capacity is expected to increase to 60 by the end of the 2024/25 financial year with ambition for this to meet its original target of 90 beds within the following financial year.
- 3.10 OCIT including the consultant led pathways as listed above will continue to develop and improve, directly linking in with the community Integrator Contract and the development of Integrated Neighbourhood Teams. There is opportunity and ambition to continue with the growth of the virtual ward offer within OCIT and indeed the wider community offer.

4 Health Inequalities Impact

- 4.1 A Population Health Management approach has been taken for the community Integrator contract for which virtual wards will form part of.

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