Evaluation of winter rehabilitation pilot – integrated working in east Kent

Situation:

The purpose of this paper is to provide Kent Health Overview and Scrutiny Committee members with an update on a winter pilot to trial an integrated model of rehabilitation in two community hospitals.

Kent Community Health NHS Foundation Trust (KCHFT), East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Kent County Council (KCC) – working as part of an East Kent Provider Collaborative – agreed to mobilise 30 additional beds from December 2023.

The pilot ran for five-and-a-half months in Westbrook House, in Margate and for three months at West View Integrated Care Centre, in Tenterden. The beds were funded by KCC's Urgent and Emergency Care Fund for three months, with additional funding found to extend the Westbrook House beds until the end of June.

The pilot aimed to:

1. improve system flow, improve people's independence and reduce the reliance on packages of social care
2. achieve greater integration with health and social care by working more efficiently together
3. empower people to be more active to reduce their length of stay in community hospitals.

Background:

In October 2023, a provider collaborative was established between KCHFT, KCC and EKHUFT with a view to improving how we work together to improve patient and service user outcomes. The focus of the provider collaborative includes how we deliver more effective rehabilitation, recovery and reablement to:

- support the wider system and deliver a more sustainable model for the future
- test an integrated health and social care model of delivery
- provide more rewarding and attractive careers for our colleagues.

The first opportunity to adopt this approach coincided with the need to rapidly mobilise additional beds and increase usage of existing beds in east Kent for winter 2023/24. Two pilot sites – Westbrook House and West View Integrated Care Centre were chosen, which offered co-located health and social care teams, plus fit for purpose sites for effective rehabilitation.

The Westbrook House beds opened on 11 December 2023 and the West View beds opened on 2 January 2024 to support the east Kent system at the point of highest activity and industrial action.

Due to system pressure, patients were accepted outside our normal criteria, which slightly compromised the model being tested. It also caused an increase in the number of patients accepted who were classified as no longer needing a hospital bed (no longer fit to reside – NLFTR) as people were admitted and immediately required an onward referral or assessment.

Assessment:

Below is an assessment of the pilot against our aims.

1. **Support system flow and reduce dependency and packages of care**

The culture on the two pilot wards was fostered to focus on rehabilitation, recovery and reablement. This was achieved by empowering people to be more involved in their own care, be more active and be more aware of the expectations on the ward with regards to getting out of bed (where appropriate), dressing themselves and being present at communal meal times.

We found:

- approximately 90 per cent of people discharged were recorded as having a reduction in their level of care needs, compared to their needs upon admission
- 47 per cent of these were discharged with no ongoing care needs, compared to approximately 16 per cent on the other KCHFT substantive wards (noting the significantly smaller sample size of the pilot wards).

We saw no significant impact on system flow between the pilot wards and KCHFT's other substantive wards. However, flow was impacted by the need to accept patients from the acute hospitals who did not need ongoing rehabilitation, but were waiting for an assessment for longer term care.

2. Achieve greater integration with health and social care

The winter pilot wards were staffed by KCHFT substantive staff and a managed service that provided agency nurses and health care assistants. Kent County Council bolstered therapy staffing by providing input via a registered practitioner and occupational therapist, however therapy input was limited.

Staff feedback

Positive feedback of their experience and working conditions was universally shared by staff on the pilot wards. Staff with experience of other, more traditional models of inpatient care favourably compared the pilot sites.

> "We're making a difference, I really think so. All patients are improving e.g. bed sores, walking. It's person-centred through enablement."

However, cultural changes take time, and it was recognised that more time was needed to improve integration on the wards and the sites as a whole.

3. Reduce length of stay in community hospitals and empower people to be more active

We saw significant variation in length of stay (LOS) within the winter pilot escalation beds, possibly related to the short measurement period and small sample size. The median length of stay at Westbrook House was similar to other KCHFT substantive wards and West View was slightly higher. While it is difficult to attribute direct cause, contributing factors could include the admission of approximately 20% of patients awaiting packages of care to support system patient flow, as well as the limited therapy and medical cover due to the short-term temporary nature of the beds.

Patient experience

Patient interviews were carried out at the two winter pilot sites. The pilot found nearly 70 per cent of patients achieved their “what matters to me” goals.

The majority of patients felt their family were involved in their care.

All patients accessed physiotherapy, help to get washed and dressed and took part in a range of activities to support their independence. Delivering rehabilitation in a fit for purpose ward environment that facilitates the effective delivery of rehabilitation and reablement played a significant part in supporting patient outcomes. Both sites have individual en suite rooms and large, shared central spaces.

Feedback showed more needs to be done to support people’s transition from acute care, so people are better informed about their rehabilitation expectations and improvements are needed to speed up discharge time.

“There are lots of activities to do and the staff help us every day to keep our minds busy”
“Staff encourage us to do things on our own”
“Some of us have been here for too long”

Conclusion:

In conclusion, while only open for three to five months the clinical model tested has proven beneficial to patients and has been a positive experience for staff. Initial steps towards integration have been taken and numerous opportunities to develop these further have been identified.

There is a real commitment to maintain the early momentum achieved and to adopt further tests of change, which will continue to inform future models of integrated care.

There are tangible patient and system benefits from the rehabilitation and reablement approach adopted with a reduction in care package requirements of patients discharged from the wards. This model provides a positive and effective alternative to a prolonged stay in an acute escalation bed, where further deconditioning and therefore increased care requirements, are the likely outcome. Therefore, it is the right thing to do for patients in the absence of adequate short-term care provision in the community.

The specific impact upon system flow is difficult to measure and allocate directly to the wards. While this pilot compares favourably to the previous year’s winter escalation beds, the rapid mobilisation and the short-term nature of the pilot is challenging to maintain.

As a provider collaborative, our intention is this pilot informs a longer-term model with the ambition to deliver the right number of beds for the system to meet the demand all year round and reduce the need for escalation beds during the winter period.

Rachel Dalton
Chief Allied Health Professions Officer
Kent Community Health NHS Foundation Trust
July 2024