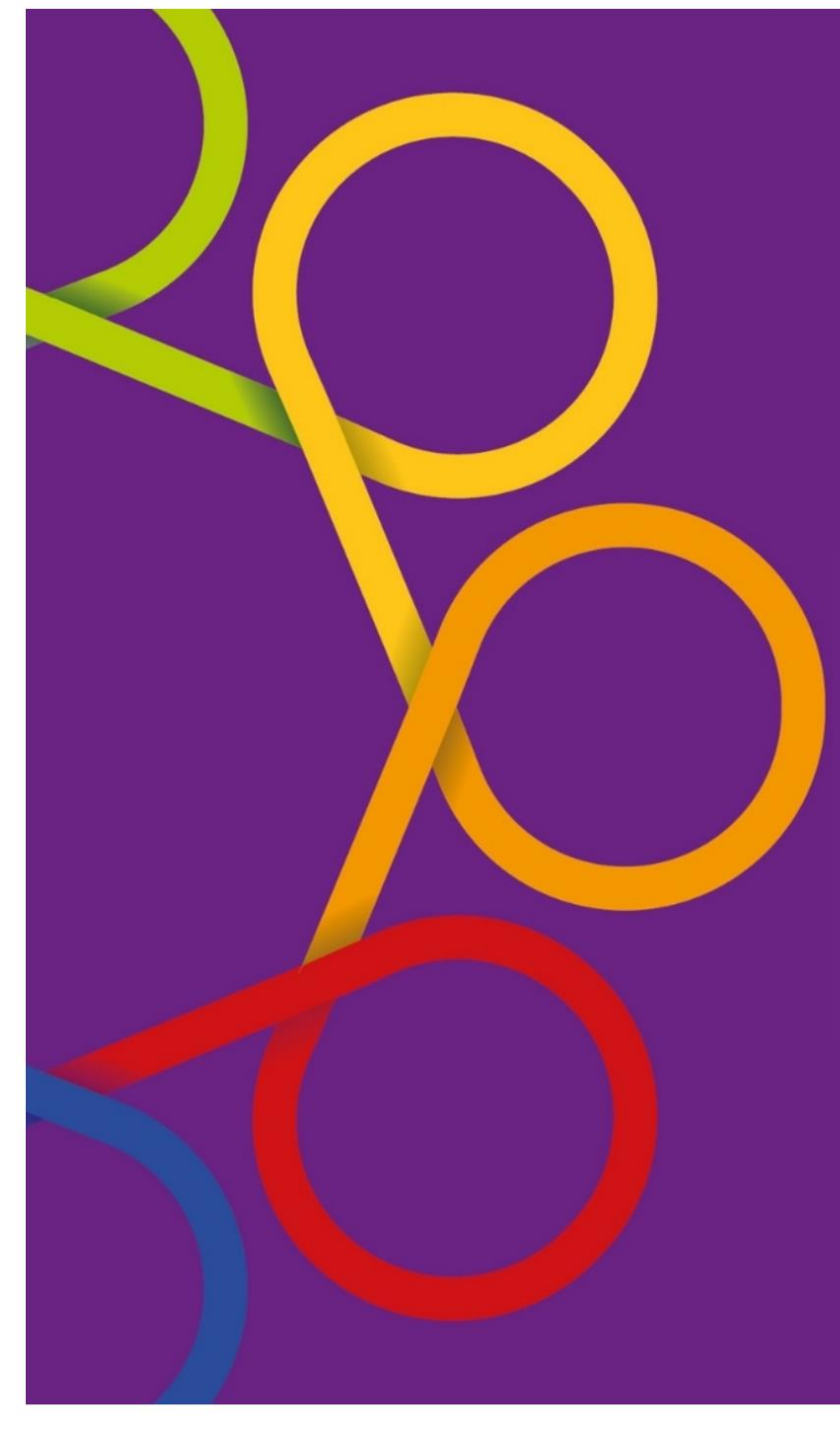


Mid and South Essex Community Collaborative

Value & Impact Report



MSE Community Collaborative Value & Impact Report

Summary Page

The purpose of this report is to articulate and demonstrate the impact, productivity and value of our MSECC community services to our system. This has been developed in order to:

- Support our MSEICS financial recovery programme
- Support conversations on the shift in focus towards community health and care in order to achieve a successful and sustainable health and care system

This document is in active development with further enhancement planned to optimise its content and use. Feedback please to ellie.williams19@nhs.net or Damir.Hladik@nelft.nhs.uk

Acute Occupied Bed Days (OBDs)

Total OBD saved
June 2024 **13,205**

In June 24 our VW and Community Nursing activity saved **13,295** acute OBDs (3,254 + 10,041 respectively).

Stroke beds Length of Stay (LOS)

Stroke bed av. LOS
May 2024 **44 days**

Trajectory position, May 2024: **45.1 days**

IMC beds Length of Stay (LOS)

IMC bed av. LOS
May 2024 **24.7 days**

Trajectory position, April 2024: **24 days**

Frailty & RVW Admissions

VW Admissions
June 24 **251**

Respiratory VW Occupancy

RVW Occupancy
June 2024 **33%**

Trajectory position, June 2024: 50%

Highlights

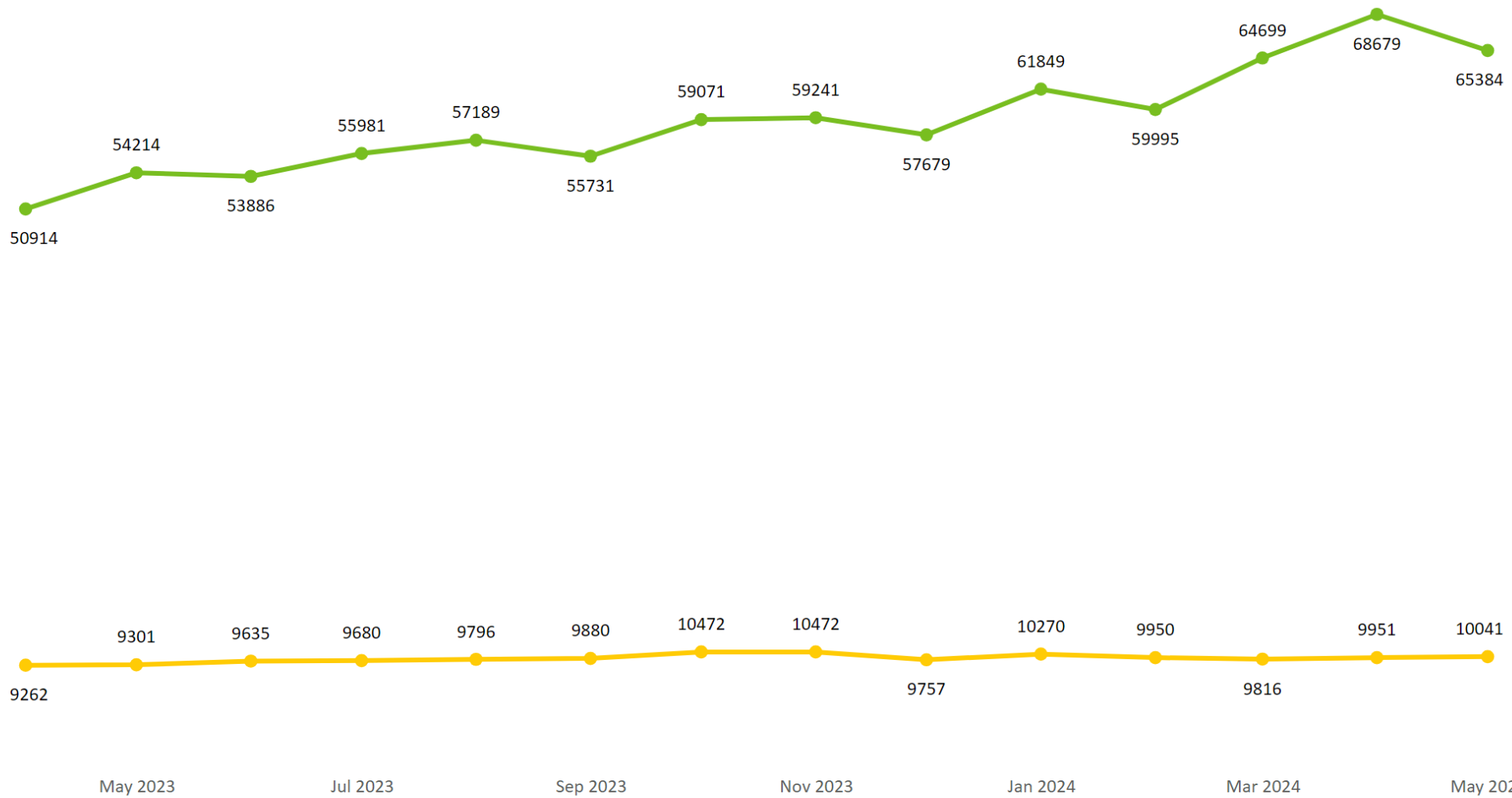
Risks

MSE Community Collaborative - Value & Impact Report

Community Nurses

Acute Ward OBDs saved through Community Nurses Face to Face (F2F) Contacts

● Total CN F2F Contacts ● CN OBDs Saved



Narrative

Why have we included this report?
We want to demonstrate the impact our community nursing teams' work has on helping people to avoid being admitted to hospital.

What does the data tell us?
Community nursing has steadily delivered an increasing number of OBDs avoidance over the last year, and saved 10041 OBDs in May 2024.

Acute occupied bed days (OBDs) calculation methodology:

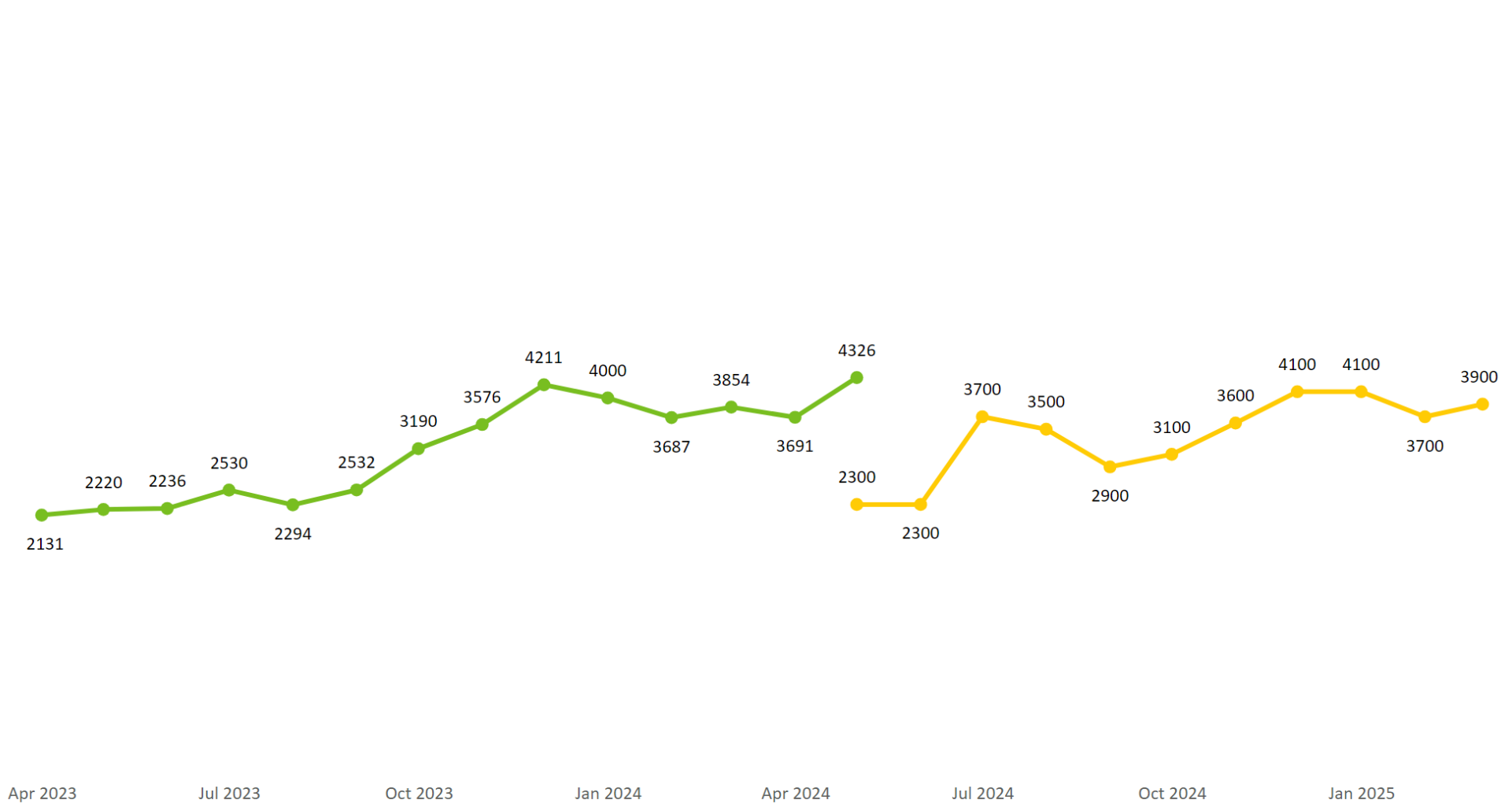
$$\text{CN OBDs} = (\text{Number of Unique Face to Face Community Nursing contacts}) * \text{Average LOS (3.5 days)} * \% \text{ Priority 1 category patients}$$
 Currently we have the most ready access to information on the % of patients categorised as P1 within our EPUT teams' data. Therefore, here we use the assumption that the EPUT percentage of community nursing contacts that are P1 (29%) will be applicable to the wider community collaborative patient cohort. However, we continue work to refine and validate these assumptions.

MSE Community Collaborative - Value & Impact Report

UCRT

UCRT Referrals (since Apr/2023) vs Trajectory (2024-2025 FY)

● UCRT Total Referrals ● UCRT Total Trajectory



Narrative

Why have we included this report?
We want to demonstrate the impact our UCRT teams' work has on helping people with urgent care needs to avoid having to be admitted to hospital. We also want to track our performance against our trajectories.

What does the data tell us?
During May we accepted more people to our collective UCRT services than we forecasted.

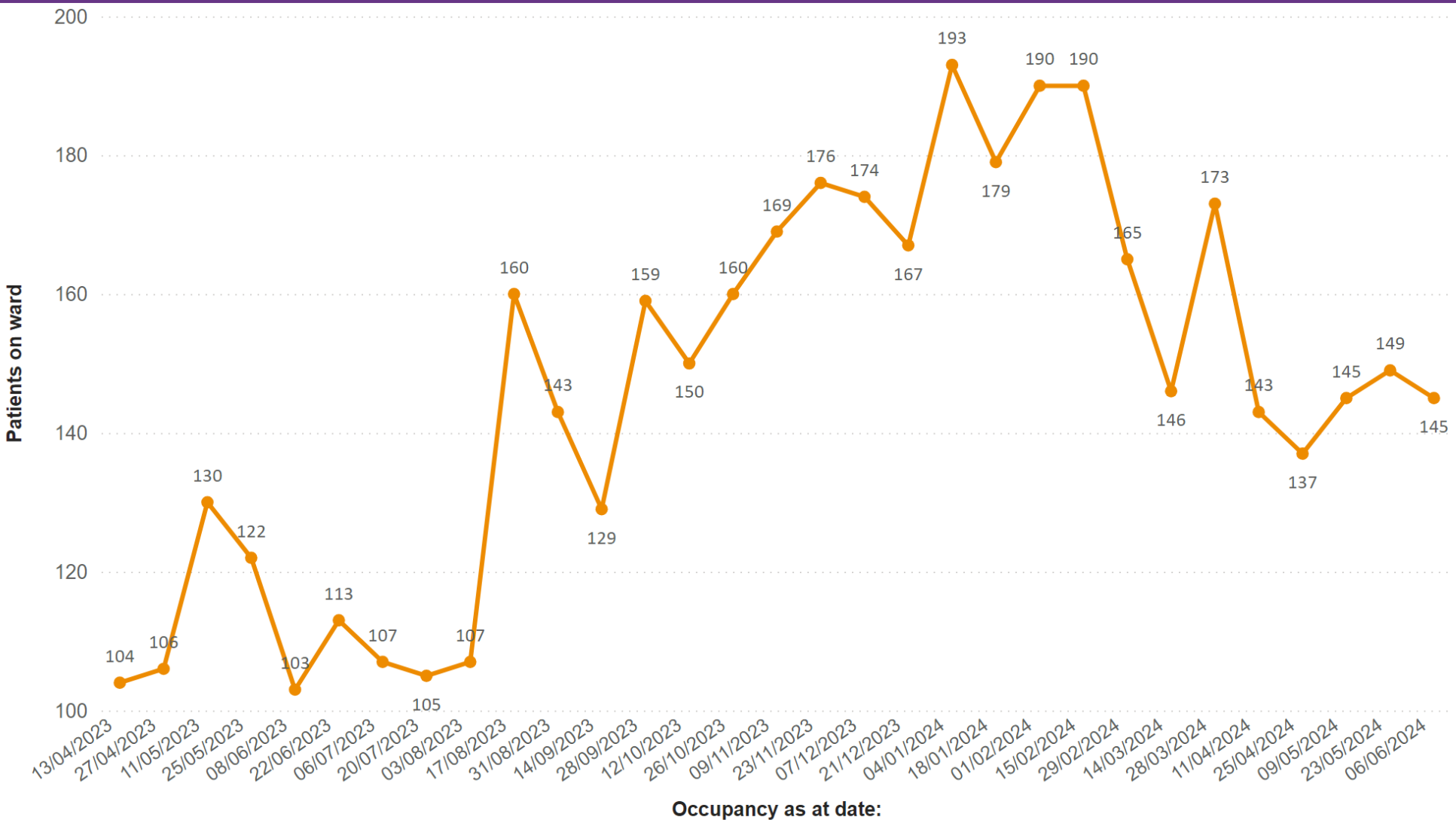
We are still developing a methodology for calculating our OBDs avoided for UCRT.

UCRT OBDs = Total Accepted Referrals * Average LOS for most commonly seen conditions * % of referrals which convert to an admission avoidance
Further work required to identify which conditions our UCRT clinicians most commonly treat, in order to accurately understand the length of stay we would expect if we had not avoided admission for these patients.

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All Virtual Wards Occupancy

Total Occupancy for all Virtual Ward types by Snapshot Date



Narrative

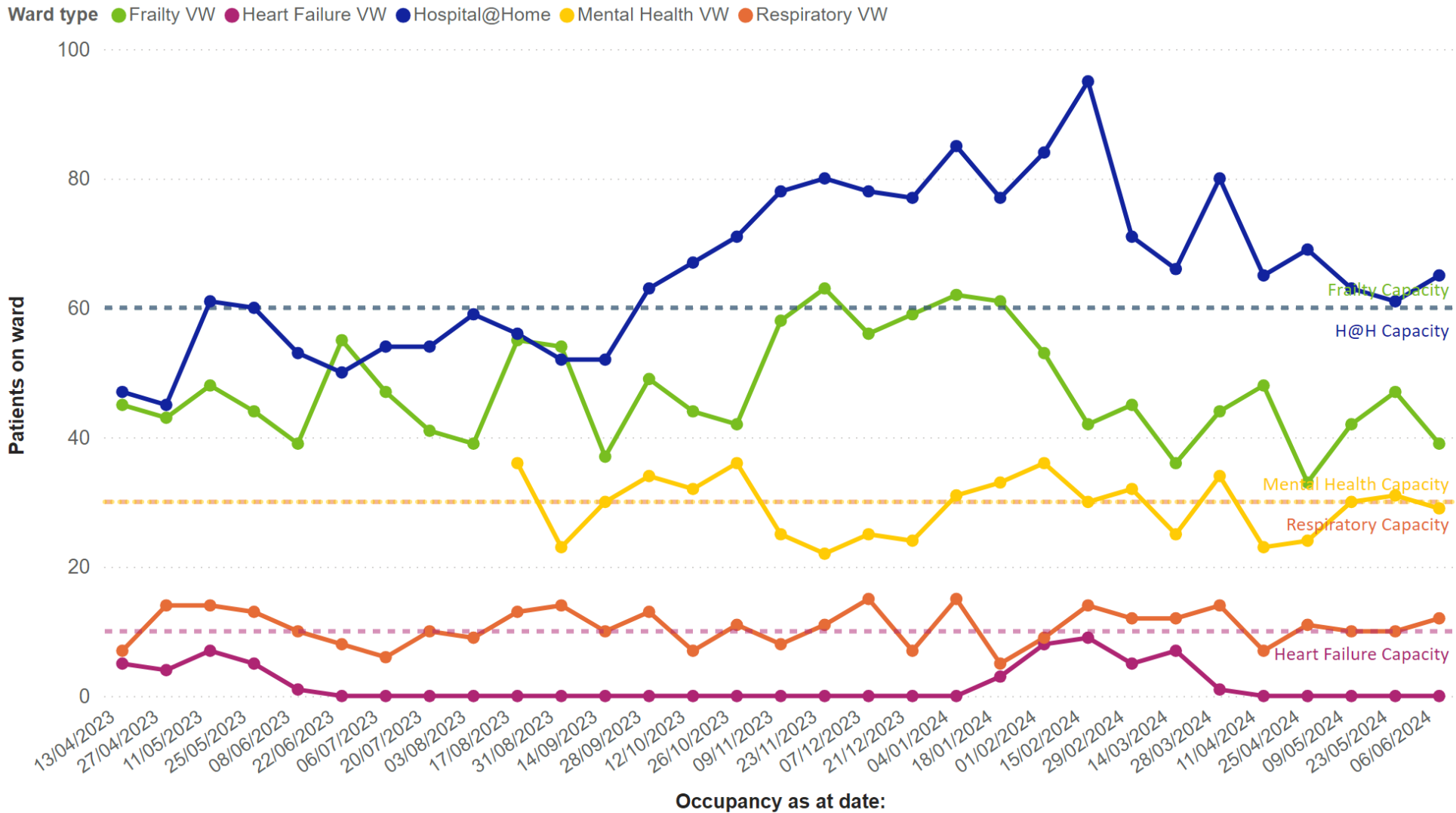
Why have we included this report?
 We want to show the total number of people accepted onto our collective Virtual Ward (VW) services across MSE. This provides information on the number of people we support at home during periods of ill health.

What does the data tell us?
 This fortnightly data shows the upwards trend in the number of people we care for in our VW services. During May and June this year we cared for more people in our VW services compared to this time last year.

MSE Community Collaborative - Value & Impact Report

All Virtual Wards Occupancy

Occupancy by Snapshot Date and Virtual Ward type



Narrative

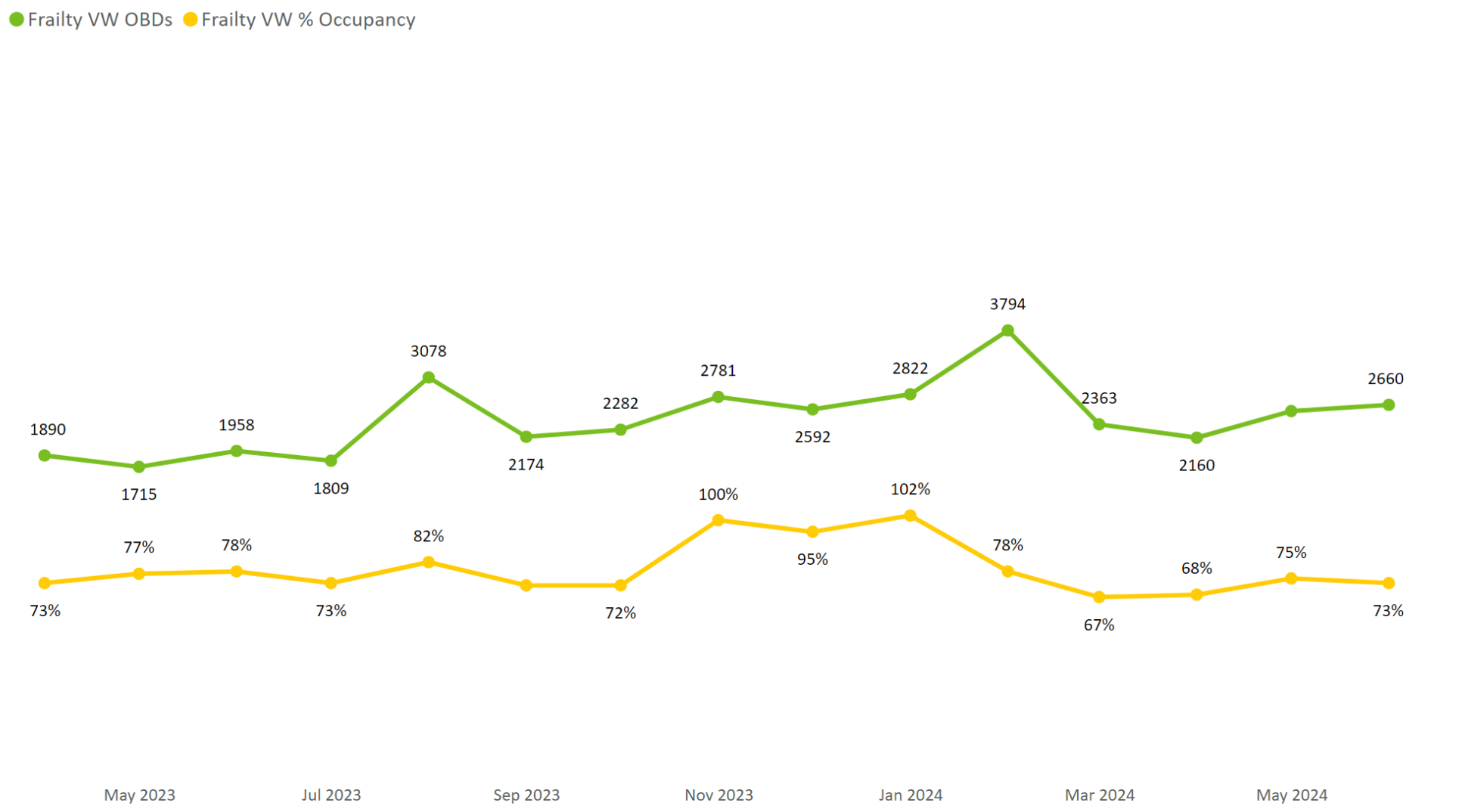
Why have we included this report?
 We want to show the total number of people accepted onto our collective Virtual Ward (VW) services across MSE., broken down by Virtual Ward type. This provides information on the number of people we support at home during periods of ill health.

What does the data tell us?
 This fortnightly data shows the upwards trend in the number of people we care for in our VW services. During May and June this year we cared for more people in our VW services compared to this time last year.

MSE Community Collaborative - Value & Impact Report

Frailty Virtual Ward

Acute Ward OBDs saved through Frailty Virtual Ward Admissions (showing % occupancy of the ward)



Narrative

Why have we included this report?
We want to demonstrate the impact our frailty virtual ward teams' work has on helping frail people to avoid being admitted to an acute hospital bed.

What does the data tell us?
FVWs have saved a large number of OBDs (occupied bed days) in the last year, particularly during the winter peak of demand on services. In this month's report, numbers were up to 2,660 OBDs saved. Our FVW occupancy fluctuates in line with seasonal variation.

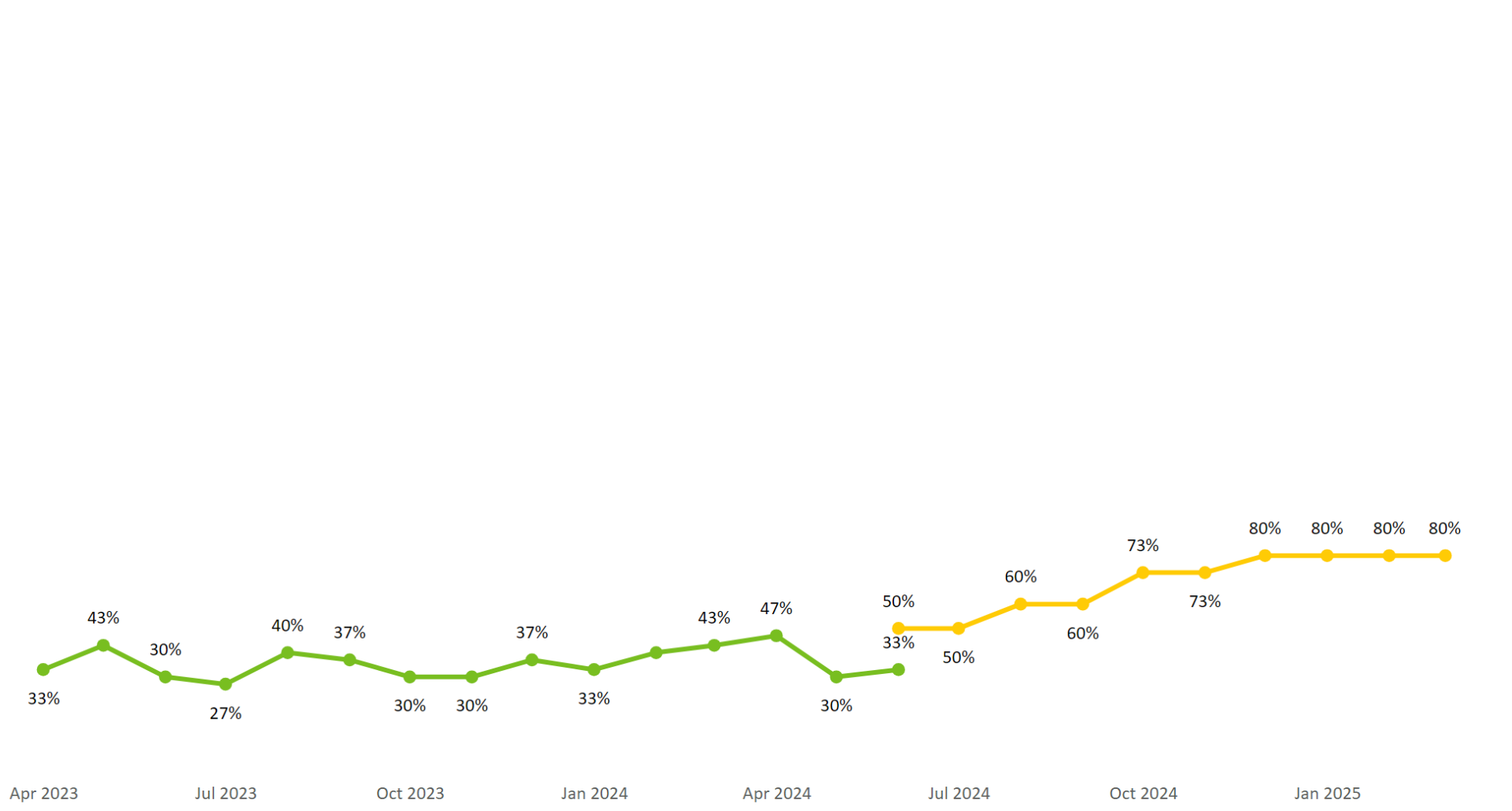
Acute occupied bed days (OBDs) calculation methodology:
Frailty VW OBDs = Number of FVW Admissions * 13.5 days (the average acute LOS avoided through Frailty VW)

MSE Community Collaborative - Value & Impact Report

Respiratory Virtual Ward

Respiratory Virtual Ward % Occupancy vs % Occupancy Trajectory

● RVW % Occupancy ● RVW % Occupancy Trajectory



Narrative

Why have we included this report?

We want to show how we use the available Respiratory Virtual Ward (RVW) bed capacity (occupancy) as well as our occupancy forecasted trajectory as a result of our RVW transformation plan. This demonstrates the work we are doing in keeping people safe at home during a period of ill health.

What does the data tell us?

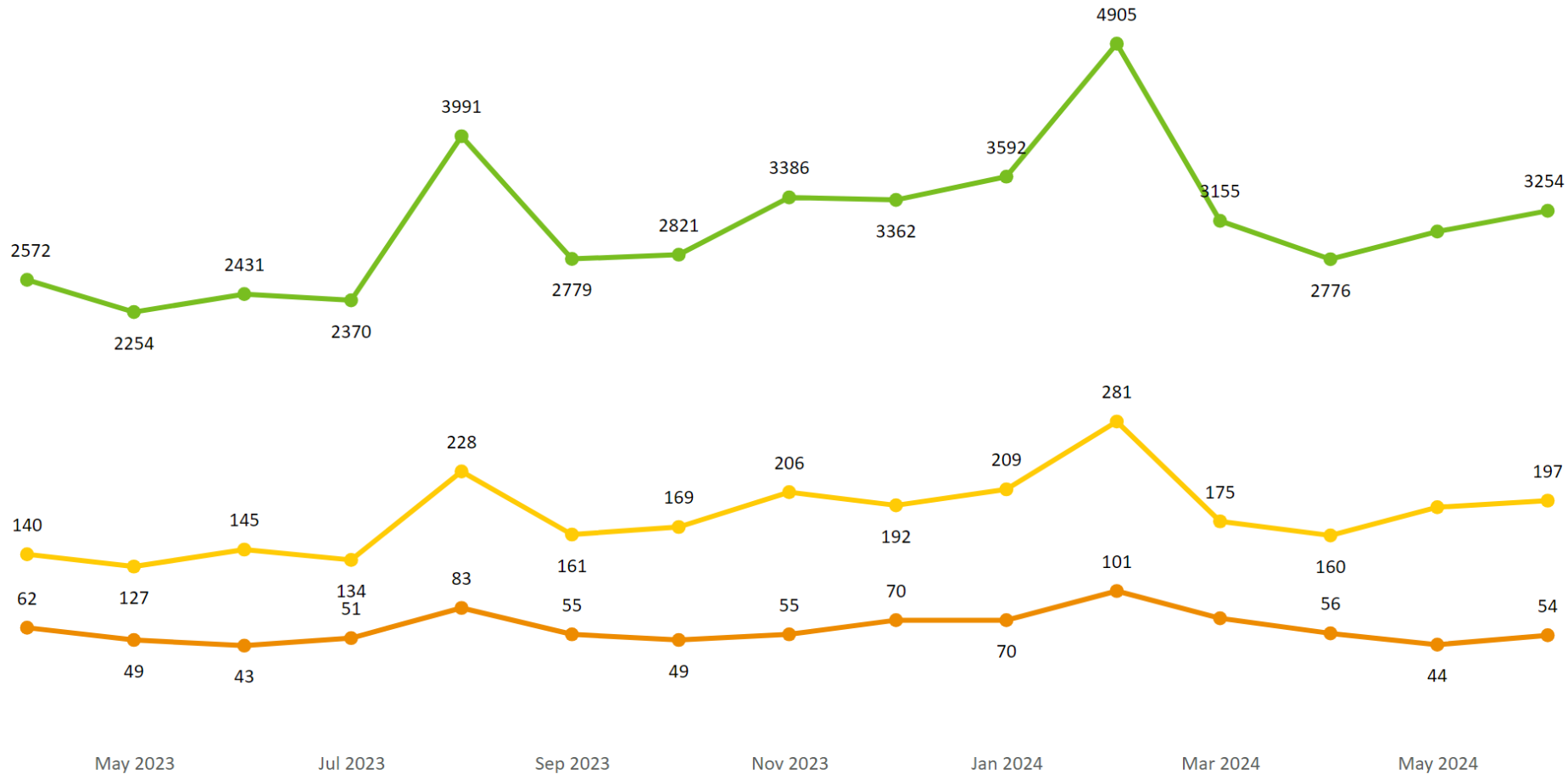
RVWs occupancy was showing a gradual rise throughout the year, but has been lower in May and June this year. Work is underway to optimise occupancy and data will be monitored closely to track impact.

MSE Community Collaborative - Value & Impact Report

Frailty & Respiratory Virtual Wards OBDs Combined

Acute Ward OBDs saved through combined Frailty & Respiratory Virtual Ward Admissions

● Total FVW and RVW OBDs ● Frailty VW Admissions ● Respiratory VW Admissions



Narrative

Why have we included this report?

This report shows the number of people admitted to our combined Virtual Wards (VW) and demonstrates the combined impact of all our VW activity on helping people to avoid admission to acute hospital, which both improves their health outcomes and supports efficiencies in our system.

What does the data tell us?

The number of people admitted to our VWs increased this month. A total of 3,254 acute OBDs were saved during June 2024.

Acute occupied bed days (OBDs) calculation methodology:

Frailty VW OBDs = Number of FVW Admissions * 13.5 days (the average acute LOS avoided through Frailty VW)

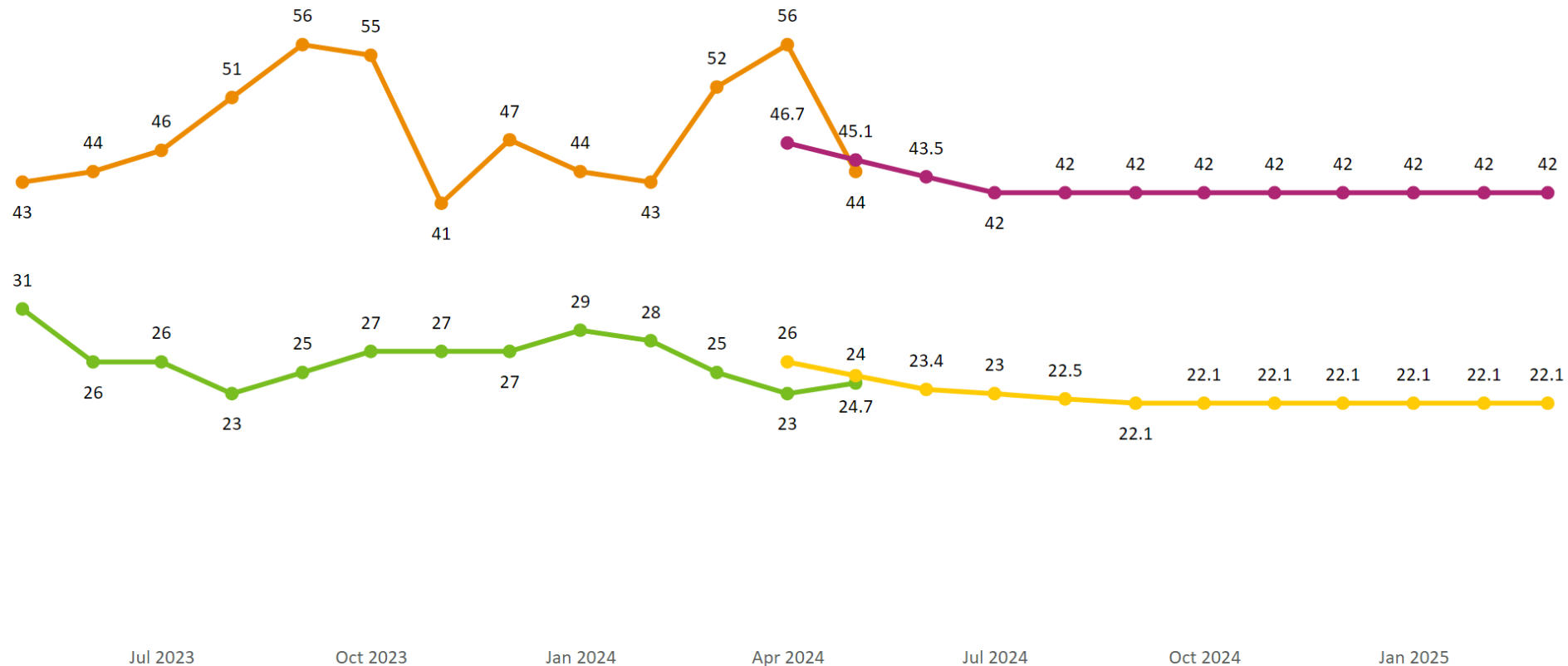
Respiratory VW OBDs = Number of RVW Admissions * 11 days (the average acute LOS avoided through Respiratory VW)

MSE Community Collaborative - Value & Impact Report

Community and Stroke Beds

Community Beds Average Length of Stay (since May/2023) vs Trajectory (2024-2025 FY)

● IMC Hist Data ● IMC Trajectory ● Stroke Hist Data ● Stroke Trajectory



Narrative

Why have we included this report?
MSECC has committed to achieving a length of stay reduction in community beds. The orange/green plot lines show the **actual** average length of stay and the yellow/purple lines show the **trajectory** for reduced length of stay.

What does the data tell us?
This month May we see a significant reduction in the length of stay for people admitted into a stroke bed and achieved our target position. This is due to a programme of work aiming to improve outcomes for people following a stroke. We are also meeting our trajectory for IMC beds.

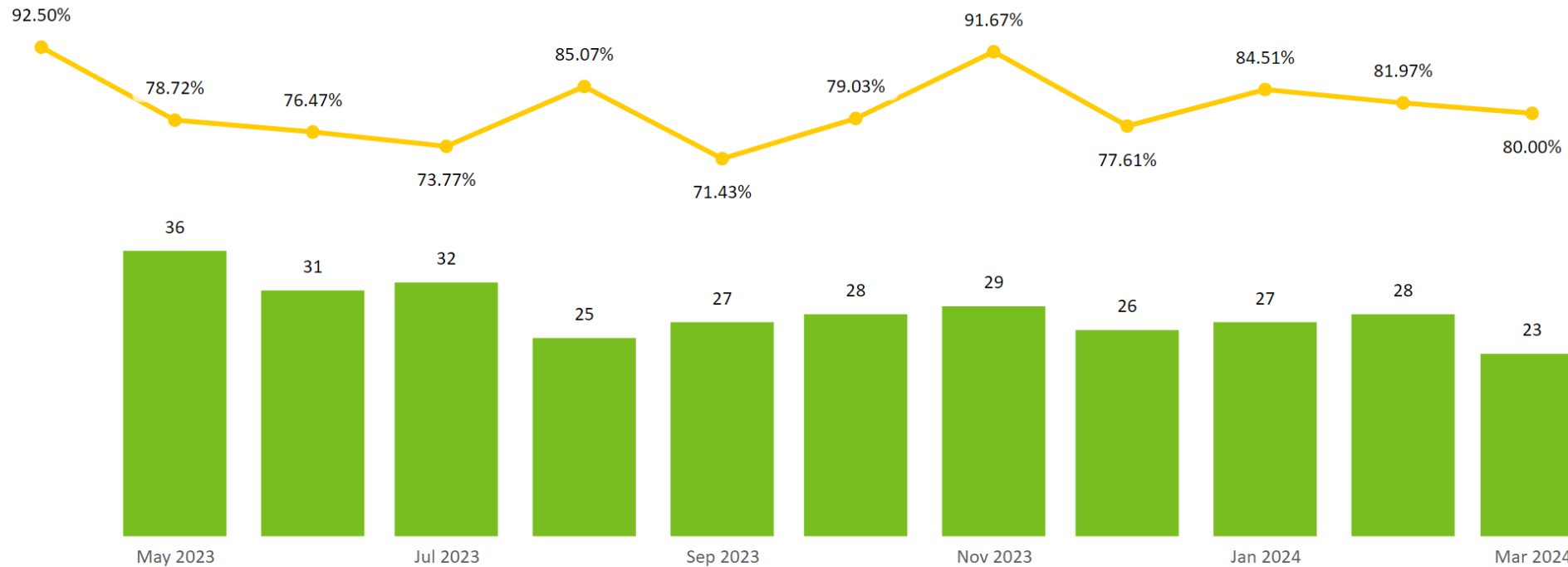
Notes on data:
This data is for SW and Mid Essex only. SE Essex data is currently **excluded** as IMC and stroke bed data is combined when recorded there. Therefore, we are working to obtain this data in line with other areas, but in the interim it is excluded so we have greater data clarity on progress against these two separate trajectories.

MSE Community Collaborative - Value & Impact Report

Barthel Score for Discharged Patients

Community Barthel Score of Discharged Patients vs Length of Stay (LOS)

● Average LOS ● % of patients with improved Barthel scores on discharge



Narrative

Why have we included this report?

Barthel scores measure people's ability to perform activities of daily living. People's improvements in Barthel scores are presented in this report as a quality measure. The reason for this is that we want to remain assured that reducing the average length of stay is not having any unintended negative impacts on patients' rehabilitation outcomes, therefore here we are reviewing LOS (productivity) alongside Barthel (quality)

What does the data tell us?

We have not seen any significant correlation between people's length of stay in a community IMC bed and how many attain an improved Barthel score over the past months. Looking in particular at the most recent month, there was a 5 day reduction in ALOS between Feb-March 2024, but only a very small drop in improved Barthel scores (a 1.97% drop from 81.97% to 80%).