

**Delivering 'Home First':
Re-providing Archways Intermediate Care Unit**

**Briefing Paper for the Health and Adult Social Care Policy and
Scrutiny Committee, 28 September 2016**

Archways Intermediate Care Unit consists of 22 beds (arranged over two floors) and is based at Clarendon Court, York. This represents 2% of York Teaching Hospital NHS Foundation Trust's bed stock.

Archways was established over twelve years ago as an intermediate care unit; typically providing short term rehabilitation and support to adults who need a period of rehabilitation, recovery or reablement after a stay in hospital or because of 'a crisis' which means that they can't remain at home (or their usual place of residence). Typically, 350 patients are managed via the unit annually, of which 270 are over 75 years old.

Services are delivered by a multi-disciplinary team which includes nurses, allied health professionals and advanced care practitioners. There is no doubt that the unit is valued by patients and staff alike and its success to date is due to the commitment and dedication of this highly professional and valued team.

York Trust has, over the last twelve months, participated in the national Emergency Care Improvement Programme (ECIP). The ECIP aims to support local health and social care systems to review and improve the way that emergency care services are delivered. As part of this programme, the national ECIP team has undertaken audits across all of the Trust's community units. This audit work has determined that many of the patients being managed at Archways could, in fact, be supported at home, if robust alternative services were available to them.

In addition, emerging national evidence suggests that elderly patients suffer from the harmful effects of deconditioning relatively quickly, following admission into a hospital bed. After 24 hours, muscle power reduces by 2-5% and circulating volume by up to 5%. At seven days, this has

deteriorated even further with a reduction in muscle power of 5-10% and circulating volume of up to 20%. In many cases this isn't reversible. Therefore, minimising hospital stays (or avoiding admission altogether) is essential.

On this basis, a plan has been developed to close Archways and reinvest the resources released into an expanded range of community services. This will mean that only those patients who cannot be managed at home (or in their usual place of residence) with support are admitted into an inpatient bed. This proposal to enhance and re-provide these services forms part of the Vale of York CCG and York Trust's out of hospital strategy that sets out our ambitions to deliver care closer to home.

The development of community teams and their impact has been tried and tested in Ryedale and Selby, and in both these areas this new model of care has reduced length of hospital stay and prevented emergency admissions. The service in these areas has been evaluated and well received by patients, their carers and relatives as well as clinicians.

In many respects, this approach mirrors the well documented and successful changes in the delivery of mental health services, which has seen the closure of many mental health units and institutions across the country in favour of community-based teams who can support individuals at home.

However, we do know that for some patients remaining at home with support may not be clinically appropriate and for these people 'bed based' intermediate care will still be available at other community units such as Whitecross Court [23 beds] or St Helen's [20 beds] rehabilitation units. These units are located on Huntington Road and Tadcaster Road respectively. Admission to these units will be based on individual clinical need.

This approach is consistent with the learning from conversations that the Vale of York CCG has held with the public about 'what good care or services looks like.' People have told them that they would prefer to be supported at home by coordinated health and social care services that are tailored to meet their own individual needs. When asked, the local community has told us that they want to tell their story once and they want to receive treatment and care at home, in their own familiar surroundings.

Over the last 18 months, health and social care partners have been working together via a Provider Alliance Group to consider how local

services can be reconfigured to better respond to what the public tell us they want and also to ensure that the services we deliver are efficient and cost effective. Local demographics suggest that the demand for services is likely to increase, and it is well recognised at both a local and national level that in responding to this, continuing to provide services in their current format is neither desirable, sustainable or affordable.

The closure of Archways (and the reinvestment of resources into home based provision) forms part of this approach. In addition, the Archways proposal has been a regular agenda item at the Vale of York Integration and Transformation Board (ITB)¹ where a wide range of partner agencies are represented. The Trust and the CCG have kept all ITB partners informed about progress on the project, and wider partners have been invited to participate in the project.

Reinvesting the resources released from closing Archways into community based services will provide an alternative for those patients who do not need to be in a hospital bed. The services currently delivered from Archways will be provided through an expanded York Community Response Team and other appropriate support services enabling a greater number of patients to be supported at home by nursing, therapy and social care assessments, rehabilitation support and treatment.

These services include:

- Expanded Community Response Team - allied health professionals, nurses and generic support workers who work as part of a multidisciplinary team providing nursing, therapy and social care interventions;
- Community Discharge Liaison Service – ensuring that people receive the most appropriate community service appropriate to their level of need;
- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- Outreach Pharmacy – providing support in managing multiple medicines following discharge from hospital.

What next?

¹ ITB partners - Healthwatch York, York Community and Voluntary Services (CVS), City of York Council, North Yorkshire County Council, Tees, Esk and Wear Valleys NHS Foundation Trust, Public Health and Primary Care.

A Project Group has been established. Key deliverables include:

- Supporting the Archways team through a consultation period to ensure that their knowledge and skills are retained – all staff will be offered posts in one of our units or the expanded home based team;
- Recruiting staff to the expanded home based team;
- Reviewing operational policies for the home based team and the other bed based units;
- Planning the safe closedown of the Archways unit – including arrangements for patients and their families.

The expectation is that the Archways unit will close by 31 December 2016.