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READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD **11 JULY 2025**

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

Virtual Hospital/Hospital at Home

The Royal Berkshire Hospital (RBH) has a well-established "Virtual Hospital" programme with sometimes over 100 patients on its pathways, being treated at home. The programme provides treatment stated to be equivalent to hospital care in the patient's home and can have significant benefits for patient and hospital trust.

But it provides no personal care, no nutrition, hydration, washing, toileting assistance, shopping or housework or cleaning, which could become impossible for a patient at home without a carer able to perform these functions. The services are described as hospital care at home but would be better described as hospital treatment at home.

The RBH "Virtual Acute Care Unit" covers the more acute pathways of the "Virtual Hospital" service where patients require continued monitoring at home.

The BOB ICB website states that "Hospital at Home" services in West Berkshire are delivered by RBH under the local name "Virtual Acute Care Unit" (VACU) and by Berkshire Healthcare under the name "Frailty Wards"/"Urgent Care Response" (UCR).

Berkshire Healthcare website states that their "Frailty Ward" or "Urgent Care Response" services put you under the care of either your GP or a geriatrician. But this does not cover people needing personal care who are placed in the VACU system by RBH.

RBH have stated that patients placed in the VACU service can be referred to the "Hospital at Home" service but there is no information on what that is - perhaps it is one of the Berkshire Healthcare services.

The decision to refer a patient to "Hospital at Home" for the personal care element seems to be relatively informal and I am aware of this having led to very poor experience in the past.

The VACU service can only operate safely if there is a clear protocol for decision making by staff with appropriate expertise on the need for personal care support. There is apparently a Frailty Team at the RBH but it is not automatically involved. Is the present situation satisfactory?

There is clear confusion in the various public sources of information and no single complete account for the public of how services cooperate where no carer is available at home. Can this situation be cleared up with a clear statement of how these services operate and cooperate?

(I apologise for the length of this question, but it is just the complexity and lack of clarity about these new services which gives rise to concern.)

REPLY by Katie Prichard-Thomas (Chief Nursing Officer, Royal Berkshire NHS Foundation Trust) on behalf of the Chair of the Health and Wellbeing Board (Councillor Eden):

Thank you for your question and for highlighting the need for greater clarity around the scope, eligibility criteria, and coordination of services provided through the Royal Berkshire Hospital's Virtual Hospital programme, including the Virtual Acute Care Unit (VACU).

I can confirm that the Virtual Hospital service **does not** provide any form of **personal care**, including support with **nutrition, hydration, washing, toileting, shopping, housework, or cleaning tasks**. Our service is designed to provide **clinical treatment and monitoring at home** for patients who would otherwise require hospital-based care. While the term "hospital at home" is used, it is important to recognise that our remit is limited to medical care, not social care provision. A more accurate description may be "hospital treatment at home," as you have noted.

To ensure patient safety and suitability for home-based care, we follow a **strict referral and admission criteria**. Patients referred to the Virtual Hospital must be:

- **Clinically stable and appropriate** for remote monitoring or treatment,
- **Able to manage independently** at home or have a reliable support network,
- **Not reliant on assistance** with personal care or basic daily living activities.

If a patient is unable to manage their personal care needs or lacks the necessary support at home, they **will not meet the criteria** for admission to the Virtual Hospital. In such cases, referrals would be declined, and the referring team advised to explore more appropriate care pathways.

We recognise that some patients being discharged home from the Emergency Department may present with frailty or reduced ability to manage independently. In such cases, they may be assessed by the **Frailty Team** prior to discharge. Where needed, support can be sought via the **Urgent Community Response (UCR)** service, delivered by **Berkshire Healthcare NHS Foundation Trust**. UCR may provide time-limited assistance to help individuals manage at home while other longer-term care solutions are considered. More information about the UCR service can be found here: https://www.berkshirehealthcare.nhs.uk/our-services/physical-and-community-healthcare/urgent-community-response-service/.

Although the Virtual Hospital team can liaise with services such as UCR when appropriate, we are **not responsible for arranging or delivering personal care**. It is important to understand that these services are provided by different organisations, and the pathways are **distinct but complementary**.

We are aware that public-facing information can sometimes cause confusion, particularly given the range of terms used (e.g., Virtual Hospital, Hospital at Home, UCR, Frailty Wards). The terminology "virtual ward" itself is **not nationally standardised**, which increases the risk of it being **interpreted differently across the country**. This contributes to inconsistency and confusion for patients, carers, and professionals alike. We agree that clearer and more accessible communication is needed to ensure patients, families, and carers understand how these services operate and interact.

Over the last month, we have launched a dedicated **Virtual Hospital webpage** on the Trust's internet site, which provides **patient information leaflets** and a clear explanation of the Virtual Hospital service and what it offers. The page can be accessed here: https://www.royalberkshire.nhs.uk/wards-and-units/virtual-acute-care-unit-vacu. In addition, our patients are contacted directly and are provided with information from the point of admission to the Virtual Hospital to ensure they understand the service, how it operates, and what support is available. We continue to work closely with our partners across the system to improve coordination, transparency, and ensure patients are directed to the right service at the right time.

Lastly, while I am unable to comment on individual cases, I would like to reassure you that all referrals to the Virtual Hospital (including VACU) are reviewed by clinical staff. The patient's ability to cope at home independently is a core consideration in determining suitability for the service. **If it becomes apparent that the patient is unable to manage safely at home, then they may need to attend the Emergency Department, where a frailty assessment may be offered. This often helps guide appropriate ongoing care or support arrangements. However, there are occasions when patients are assessed and support is offered, but they choose to decline it.** In such circumstances, we ensure the patient is fully informed of the risks and that decisions are documented appropriately.

Thank you again for raising these important points. We welcome ongoing feedback and remain committed to delivering safe, effective, and appropriately targeted care for all patients.

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READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD **11 JULY 2025**

QUESTION No. 2 in accordance with Standing Order No 36

Francis Brown to ask the Chair of the Health & Wellbeing Board:

Is the Health and Wellbeing Strategy Quarterly Implementation Dashboard sound?

It is like a toolkit inventory. A sophisticated check list that seeks to confirm that the various action plans to support the five priorities identified in the RBC Health and Wellbeing Strategy are present. Each action is updated every three months with a status of green amber or red. The wording of the actions has been honed over time to improve the chances that the entire strategy will be delivered on time. Indeed, the development of a dashboard is an essential step on the pathway to delivering the strategy. The completeness of this large tool kit is not questioned. The timeliness of the metrics for each action is its potential weakness.

Two worrying observations:

1 The commentary clarifies the scope of each action and the identity of the associated partners. The text is invariably qualitative but never quantitative.

2. In the Jan 2025 report the text is supported in Appendix A by 50 charts. In more than half of these the latest data is for the year 22/23 or earlier. These data series are helpful in identifying relevant historic trends. However, they are of little relevance as dashboard indicators. The feedback loop is far too long.

These two observations challenge the integrity of the dashboard which currently shows the majority of the dashboard ratings as green. To continue with the analogy: we have the tools (the actions) but we will not know (in some cases for years) if the tools are being used effectively and efficiently. It may be a while before it is realised that the desired strategy is not on track for delivery. This is very risky.

The completeness of this large tool kit (of actions) is not questioned. The lack of timely and meaningful dashboard metrics is questioned.

Does the Board commend the progress so far but share my concerns?

To make a second analogy: a grower is interested in the overall yield, every step of the way losses can be expected. A proportion of seeds geminate, a proportion will show two leaves and so on. These are timely “proxy” measures. Each wave of sowings can be progressively assessed. The probability of achieving the seasons target becomes clearer as time progresses.

Does the Board feel that using proxy measures would increase the probability of a timely delivery of the strategy?

REPLY by the Chair of the Health & Wellbeing Board (Councillor Eden):

Thank you for this well-timed question. You raise important points including about the timeliness of the measures in the Joint Health and Wellbeing Strategy dashboard.

You are right that there is a risk of measures becoming meaningless because they are dependent on outcomes that are measured with an unavoidable time lag. This is part of the conflict between

ensuring the level of quality to identify trends over time, and promptness for monitoring purposes. You are also right to ask about the potential imbalance between the use of quantitative and qualitative data.

There are a range of ways the board could do this, including proxy measures as you suggest.

It is important to ensure that we are using our scarce resources most effectively to achieve the outcomes that are our priorities.

This is not easy and in some of the priority areas within the strategy it is particularly difficult. This may partly explain your observation about an apparent dependence upon qualitative data.

As you know, the Joint Health and Wellbeing Strategy for Reading is the responsibility of the Health and Wellbeing Board and this problem has been recognised by the board.

Our Director of Public Health and his team have been taking action to address this by engaging the Local Government Association to conduct an independent review of the Reading Health and Wellbeing Board over the past six months.

The review interviewed board members and held workshops with stakeholders to develop a shared view of the role, purpose and priorities of the Board, to consider best practice and new ways of working that will drive action and impact.

We will be discussing their recommendations at this meeting and I hope you will be able to stay to listen to this discussion, but I would certainly encourage you to take a look at the report.

One of the recommendations was a desire for the board to reduce the number of priorities which they wish to focus on.

A ‘rapid’ Joint Strategic Needs Assessment is being undertaken that will come to the next Health and Wellbeing Board meeting to inform our key priorities.

As well as informing the work of the health system locally it will also give us an opportunity to identify the most valid indicators so that our dashboard can be most useful. I also hope that we will be able to refresh the way our board works to be more dynamic and responsive to the needs of our town.