

## Winter Pressures Update

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Cabinet Member:

Division and Local Member: All

### 1. Summary

- 1.1. There has been increased demand across the urgent care system within health and social care services during the winter period for 2016/17 and this remains a persistent challenge for all organisations concerned within the urgent care system. During the winter period the Somerset system has been predominantly in Operational Pressures Escalation Level (OPEL) 2 and 3. The system has not declared the highest level of alert which is OPEL 4. Section 3.3 provides further information on the definitions of the OPEL levels.
- 1.2. Robust winter planning takes place across all organisations and a Somerset Winter Plan was developed to ensure the delivery of safe and high quality services to the population of Somerset during potential periods of pressure. The plan reflected a whole system approach to the delivery of services across the winter period. Winter planning is co-ordinated through the Somerset A&E Delivery Board for System Wide Urgent and Emergency Care. There is representation on the A&E Delivery Board from Somerset Clinical Commissioning Group, Somerset County Council, Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset Partnership NHS Foundation Trusts, South Western Ambulance NHS Foundation Trusts, Somerset Doctors Urgent Care (Vocare South West), Somerset Local Medical Committee, Somerset Local Pharmaceutical Committee, NHS England and NHS Improvement.
- 1.3. The Scrutiny for Policies, Adults and Health Committee also requested an update from Adult Social Care (ASC) on this year's response to winter pressures in our health and social care system. This report highlights the actions taken by commissioning and operational colleagues in ASC, as well as the system as a whole, to mitigate hospital delays and avoid escalation procedures

### 2. Issues for consideration / Recommendations

- 2.1. The comprehensive planning that took place over the Christmas and New Year period helped the urgent care system to manage patients effectively and discharge patients in a timely way which enabled partners to focus on the support that was required. It is recommended that systematic planning is undertaken by all organisations at future holiday periods.
- 2.2. It is recommended that the work that has been taking place within Somerset on reducing the number of Delayed Transfers of Care (DToC) continues. It is important that schemes and interventions that have been successful are identified so that planning for Winter 2017/18 can commence and appropriate

actions are in place.

### **3. Background**

**3.1.** The Somerset A&E Delivery Board for System Wide Urgent and Emergency Care was formed in September 2016 with the purpose of coordinating and overseeing the five national mandated improvement initiatives which are:

- A&E Streaming at the Front Door
- Increasing the percentage of calls transferred to a clinical advisor
- The Ambulance Response Programme
- Patient Flow
- Improving Discharge Processes

**3.2.** Assurance on the Urgent and Emergency Care system is now reported to NHS England through the Somerset A&E Delivery Board and this is a standing agenda item at each of the monthly meetings. Winter planning is also developed and co-ordinated through the Somerset A&E Delivery Board.

**3.3.** The Somerset Health and Social Care System Wide Escalation Framework has recently been aligned to the NHS England National Framework and has adopted the new Operational Pressures Escalation Level (OPEL) alert levels and is based on a numbered scale that reflects the level of risk to patient safety and the extent to which patient experience may be compromised. Having a consistent co-ordination of information from partner organisations will aid the management and implementation of appropriate actions to be applied during escalation. The national OPEL levels are:

#### **OPEL One**

The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.

#### **OPEL Two**

The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS England and NHS Improvement colleagues at sub regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.

#### **OPEL Three**

The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in Level 2 have not succeeded in returning the system to Level 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS England

and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. The national team will also be informed by Directors of Commissioning Operations/Sub-regional teams through internal reporting mechanisms.

#### **OPEL Four**

Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS England and NHS Improvement will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

- 3.4. The Escalation Framework is to help providers of urgent and emergency care services make best use of all locally available resources as demand rises and /or limited capacity to sustain a safe, high quality service for patients/clients. Through the defined escalation triggers, actions and roles, there will be a coordination of early action in order to prevent and reverse escalation to and from higher statuses so that the highest alert is only reached in very exceptional circumstances.
- 3.5. Throughout the winter period, Somerset Partnership NHS Foundation Trust varies the Community Hospital bed base and between January and March it has 33 more beds available than during the summer months. There are also Senior Pathway Managers embedded within Musgrove Park and Yeovil District Hospitals and going forward these will be permanent jointly funded posts.
- 3.6. A Somerset System-Wide Delayed Transfer of Care Project has been established from October 2016 to deliver and sustain a 50% reduction in DToC from October to March 2017 at Musgrove Park and Yeovil District Hospitals as required by the mandate that was agreed by senior leaders within Somerset. This project reports both to the A&E Delivery Board and is under the remit of the Sustainability and Transformation Plan (STP).
- 3.7. The STP Delayed Transfers of Care Group devised a jointly funded mandate to assist with hospital discharge from November 2016 until the end of March 2017. The funding arrangement was as follows:

<b>Organisation</b>	<b>£'000</b>
Somerset County Council	57
Somerset Clinical Commissioning Group	340
Taunton and Somerset NHS Foundation Trust	245
Yeovil District Hospital NHS Foundation Trust	276
<b>Total £</b>	<b>918</b>

- 3.8.** Somerset Clinical Commissioning Group is acting as the banker for the funding described in 3.6 but its use is agreed by all the Directors of Finance across the system as part of the STP. As at 31 January 2017, only one third of the planned budget has been spent (£214k compared to the plan of £653k) as the major priority has been to get people back to their own homes which has been successfully achieved via the Reablement Home Support Service.
- 3.9.** A number of actions have been agreed both via Somerset County Council commissioning and operational colleagues, some funded by the mandate and others incorporating better partnership working or approaches and these include:

#### **Additional Nursing Home Capacity**

Trials have continued with specific nursing home capacity purchased in Yeovil and Taunton to aid discharge and ensure smoother handovers of care and more appropriate settings for recuperation and future decision making. Clients that are utilising these beds are deemed medically fit to leave hospital but unable to return home in a timely manner for a variety of reasons. In Yeovil the beds are supported by clinical/therapist input from the hospital, in Taunton they currently are not. As a result the beds in Yeovil indicate better outcomes and quicker throughput whereas in Taunton some patients have subsequently stayed longer in the nursing home beds than is ideal. There are 18 such beds in total in Yeovil and 9 in Taunton/Bridgwater. Musgrove Park Hospital opened an assessment and discharge ward, hence the lower requirement currently.

#### **Somerset Partnership NHS Foundation Trust Reablement Home Support Service**

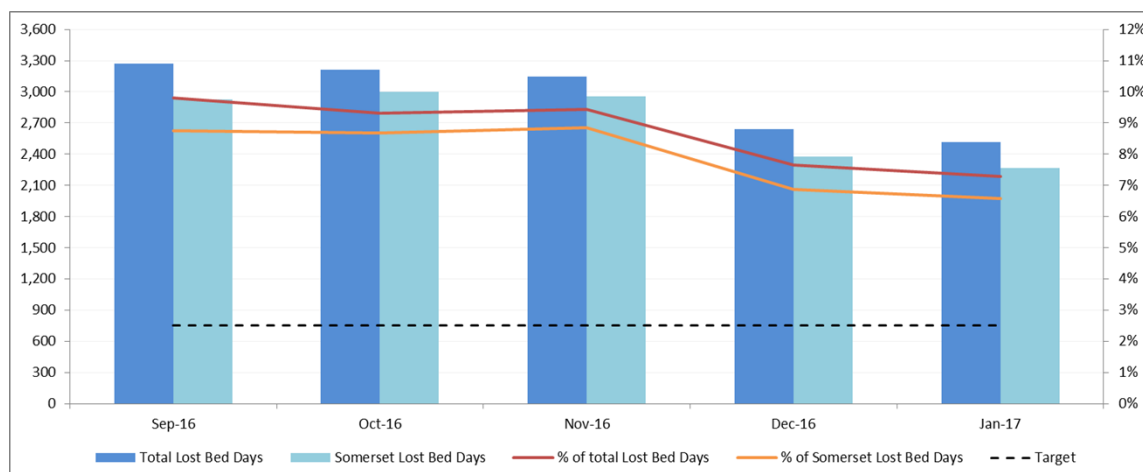
Similar to last year, Somerset Partnership is delivering a clinical homecare service in addition to other medical or social care options. Whilst not able to take large numbers it is designed to look after the more complex discharges to home and reduce the future need for care. As yet there has been no analysis of the performance/outcomes though the small extra capacity has proved useful where other homecare options are not available.

#### **Joint Discharge Teams**

Both Yeovil and Musgrove hospitals have enabled social work teams to be on site and integrated with the discharge teams. This has made a big difference to availability and accountability, as well as promoting joint working for the needs of the patient.

- 3.10.** The number of delayed transfers of care has decreased since interventions were put in place as Table 1 indicates. The graph (using local data direct from the Trusts) demonstrates both the total and Somerset attribution of lost bed days due to delayed transfers of care that the system experienced during the September 2016 – January 2017 time period. The graph shows in the total lost bed day columns the delays across Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which includes Dorset and Devon patients (excluding mental health delays). The Somerset lost bed day columns indicate the proportion of the total lost bed days attributed to Somerset patients only across the same time period.

Table 1: Delayed transfers of care from September 2016 – January 2017



#### 4. Consultations undertaken

- 4.1. An Urgent Care Debrief meeting was held on 9 February 2017 to collect feedback and key learning points from all organisations in the Somerset urgent care system.
- 4.2. A range of urgent and emergency care activity from the period 1 December 2016 – 31 January 2017 was presented.
- 4.3. Organisations in Somerset provided a debrief from the Christmas and New Year period that included the following key learning points on what had worked well:

##### Taunton and Somerset NHS Foundation Trust:

- Profiling of bed capacity and planned escalation majority of time matched demand
- Perfect weeks before and after Christmas/New Year period
- Short stay rehabilitation ward (Exmoor)
- Closer working with Social Work teams now relocated with Integrated Discharge Teams
- Increased number of discharge facilitators
- Partnership working focusing on Delayed Transfers of Care
- Appointment of Pathway Manager
- Reablement Home Support Service

##### Yeovil District Hospital NHS Foundation Trust:

- The exercise to reduce bed occupancy by 20% was achieved, as was the 4 hour target
- Additional staff capacity achieved by planned closure of one ward
- Appointment of Pathways Manager positive regarding access to community hospitals and maintaining good communication
- Frailty service on a Saturday afternoon which continues to be monitored
- Effective planning leading up to the Christmas period
- Good relationships with SWASFT and liaison continue to ensure better outcomes are achieved

- Different ward reconfiguration has helped
- Admission avoidance work undertaken in December focusing on front door, and how ambulatory care can better support the discharge process with attendance at AEU and FOPAS daily to review every patient and help expedite discharge
- Symphony work to identify patients for discharge

**Somerset Partnership NHS Foundation Trust:**

- Operational knowledge and working together
- Less bed centred approach with patients receiving rehabilitation and going home
- Therapy Teams and Leadership exchange in place
- DToC Practice Forums
- DToC numbers fluctuate and there are good working relationships with ASC, however, DToC numbers have raised the challenge to reconsider what can be done in a different way

**Royal United Hospitals Bath NHS Foundation Trust:**

- Planning work undertaken before Christmas
- Consultant Connect very positive in BaNES with good uptake
- Increased geriatrician at front door which continues to be monitored
- Extension of ambulatory emergency care exceeding trajectory of 30% of take
- Impetus on discharge to assess and will share models with Somerset
- Active Recovery Team Service in place from November 2016 which has saved 163 bed days in December. This is an intensive 7 day therapy led service funded until March 2017

**Weston Area Health Trust:**

- Good communication of expectation of pressures
- Shared predictors
- Internal planning
- Sharing planning ideas across the whole system

**Somerset Doctors Urgent Care:**

- Two GPs in the Clinical Hub improved patient flow and allowed streaming from 111 to OOH, although inflating the triage queue
- Senior management on site enabled key decisions to be made to manage demand
- Based on exceptional demand over the Christmas period and in readiness for the Easter period consideration will be given to surge messaging to explain to patients the exceptional demand in service
- Allowing clinicians in OOH to focus on where their strengths lie, i.e. in triage or visits

**South Western Ambulance Service NHS Foundation Trust:**

- Good working relationships with the hospitals and joined up processes within the Emergency Departments
- Working with the hospitals on the direct pathway for fracture neck of femur
- Matched resourcing against core resourcing and this will be replicated for Easter
- Reduction in annual leave over peak periods and predicting sickness and

factoring this into plans

- GP 999 car going well in Taunton and gathering momentum in Yeovil and this will be in place until 2018

#### **Adult Social Care:**

- Collaborative working with Social Work teams embedded in hospital settings, alongside the discharge and flow teams
- Centralisation of care co-ordination for ASC packages meant that resource available was easier to track
- Good strategic collaboration with all partners and joined up working via the DToC Group and practice development forums

#### **NHS England:**

- Collaborative working worked well across the Somerset system
- From OPEL perspective, there is consistency between both acute providers
- Positive that the daily operational calls focus on de-escalation

## **5. Implications**

**5.1.** The Debrief meeting also focused on what the urgent care system could do better and a range of actions were identified from the meeting for individuals/organisations to take forward including:

- Communicating more effectively between organisations and ensuring that there is an early warning system in place for issues or delays
- Focus on a discharge to assess model for Somerset through the Somerset System-Wide Delayed Transfer of Care Project
- Working with care homes to understand why there are issues with people returning to their care home
- Working with Public Health to gain timely intelligence on flu and other outbreaks

**5.2.** The Somerset A&E Delivery Board for System Wide Urgent and Emergency Care have responsibility for winter planning and the learning identified from the debrief event, will form an important element of the 2017/18 winter plans.

**5.3.** More social work resource is being taken up by hospital related discharges. With no additional resources available, this may be impacting on other areas of need and general social care waiting times. A different approach is needed.

**5.4.** A discharge to assess model is being developed which will enable people to be assessed in a more appropriate setting and aims to reduce the numbers in hospital who are medically fit to leave. An update on this can be provided at future meetings.

**5.5.** Positive developments are taking place within primary care. Improved access to general practice may have an impact on Emergency Department attendances. The Committee is receiving a separate paper on improved access to GP services.

## **6. Background papers**

- 6.1.** The urgent and emergency care activity from the period 1 December 2016 – 31 January 2017 was presented at the Somerset Winter Debrief/Urgent Care Programme Board meeting on 9 February 2017 to provide an overview of the demand in the urgent care system during that period.

**Note** For sight of individual background papers please contact the report author.