

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee
Date:	10 March 2015
Title:	Hampshire Health and Social Care Systems Resilience
Reference:	6578
Report From:	Director of Adult Services / Systems Resilience Groups in Hampshire

Contact name: Karen Ashton

Tel: 01962 845612

Email: karen.ashton@hants.gov.uk

1. Purpose of Report

1.1 The purpose of the report is to inform Hampshire Health and Adult Social Care Select Committee (HASC) of the approach being taken to ensure there is a resilient health and care system available for the people of Hampshire. The report provides;

- a contextual overview, followed by a description of each health system highlighting what has been different about this year that has resulted in system pressures and the impact these have had.
- Details of the actions that have been taken to address the impact of the pressures
- How the organisations under systems resilience groups have worked together, and how the escalation processes have worked
- What the measured impact of the actions has been, e.g. how performance has been affected
- What learning can be taken, and what needs to be continued to sustain system capacity and performance
- Whether there have been any workforce challenges, and what the actions have been taken to address these

1.2 Members of the HASC are asked to note the content of the report.

2 Contextual Information

2.1 National media has highlighted how services have come under greater pressure between October 2014 and January 2015. Analysis by Monitor the health sector regulator shows that foundation trusts saw 2.7 million people in their A&E units, 8% higher than the same period last year. Subsequently, hospitals admitted 570,000 for further treatment, which is an extra 40,000

patients compared to last year. In addition, foundation trusts treated over 2.3 million non-emergency patients in the quarter, an increase of 7% over the same period last year. However, this increased activity, combined with the continued need to make cost savings and use expensive agency staff, has put trusts under exceptional pressure.

2.2 Although not unexpected, influenza levels during the 2014/15 winter season have been higher than in the previous three years as Figure 1 below illustrates. The limited success of the vaccination which had reached 72% > 65 years; 50% high risk < 65 years; and 44% pregnant women has also had an impact of incidence of infection.

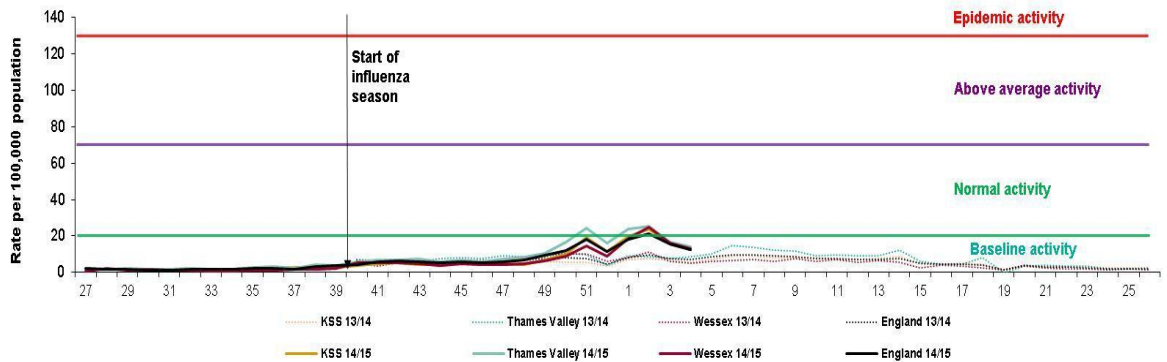
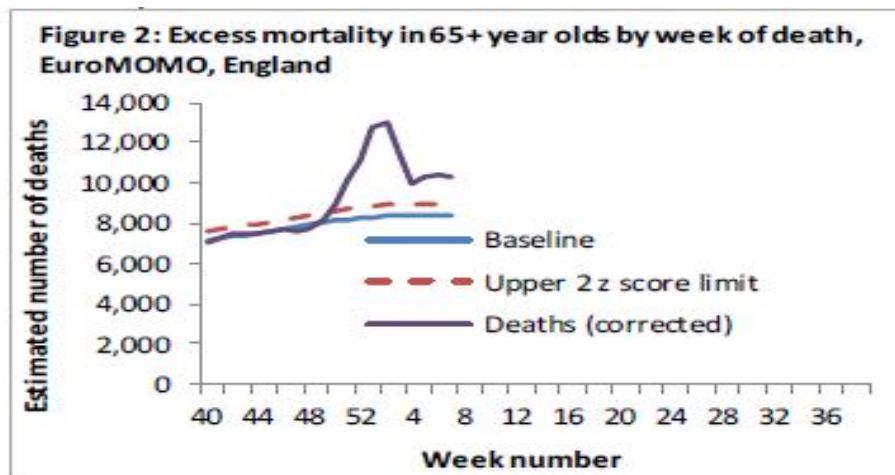


Figure 1: Influenza activity levels

2.3 The local situation has been compounded by an “influenza” like illness in late December and early January. The influenza outbreak has also been noted to correlate with excess mortality in England as illustrated in Figure 2 below.



Source: Data accessed from the PHE GP In Hours Syndromic Surveillance Bulletin

Figure 2: Excess mortality in 65+ year olds by week of death in England.

2.4 This position has developed even though a number of population based interventions were covered locally such as;

- Addressing fuel poverty – “Hitting the Cold Spots”
- Local sharing of surveillance systems and early warning of bad weather

- Supporting CCG initiatives with particular at risk groups
- Actively encouraging flu vaccination for front line health and social care workers

The respiratory outbreak had an obvious impact of performance in the system.

2.5 By its nature Hampshire is a complex health and care system in which partners have been working together to address the whole system challenges. The sections on each of the four systems that follow in this report demonstrate that these pressures particularly relate to:

- Balancing need for planned care with urgent demand
- Managing a surge in numbers of people with respiratory problems
- Volume of people with increased complexity of need requiring high intensity care when they leave hospital including rehabilitation.
- Delay / difficulty in accessing packages of care due to market constraints.
- Delay / difficulty in sourcing Care Home placements to meet high intensity needs at a fair price that meet patient / family choice, expectations within an appropriate timescale.
- Pressure on staffing in some hospital teams due to staff sickness absence and vacancies in services
- Multiple systems escalating to red/black at the same time has led to huge demand on all services and staff.

3 Conclusion

3.1 The whole health and care system across Hampshire remains has experienced extreme pressure given the numbers of people admitted to acute hospitals and the increasing complexity of support many people require in order to safely leave hospital. Hampshire County Council and Clinical Commissioning Group partners have jointly acted swiftly and positively to offer and provide support to acute partners, often making additional capacity (as described in previous slides) available within days. We are working to increase care market capacity which has been a challenging issue both care at home and nursing care.

3.2 There has been and continues to be a high level of political support of the actions taken to manage and mitigate the emerging whole system pressures. The pressures within the whole system, both in terms of volume and complexity of people's needs, are likely to persist for several more months and will continue to require resources and management attention to continue in their present form

Systems Resilience reports

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Adult Social Care perspective	Pages 24-25

Frimley System Resilience Report – covering Frimley Park Hospital site of Frimley Health and surrounding areas

1. Introduction

1.1 The Frimley system covers a complex geographical area involving three local authorities and forty eight General Practices as illustrated in the Figure 3 below

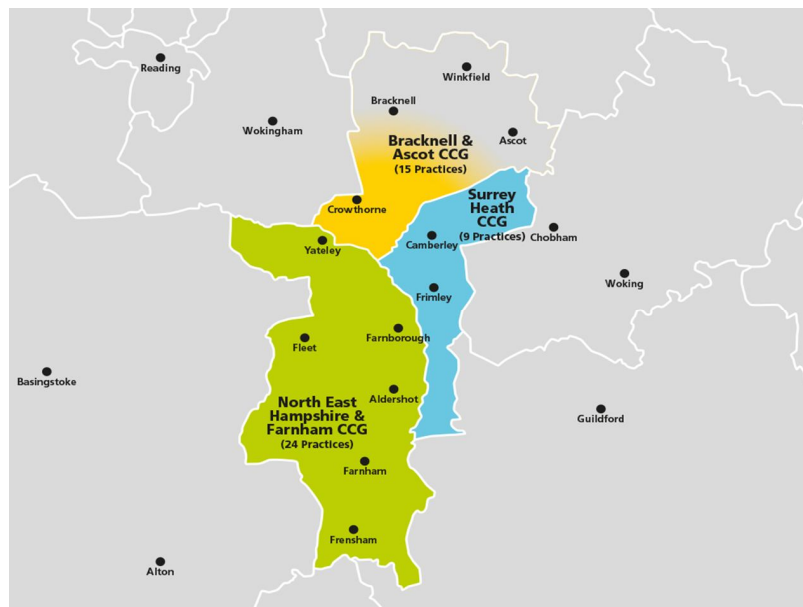


Figure 1: North East Hampshire and Farnham System

1.2 The Frimley System Resilience Group is chaired by Dr Peter Bibawy, GP and Governing Body GP and Urgent Care Lead and comprises representatives from North East Hampshire and Farnham CCG, Surrey Heath CCG, Bracknell and Ascot CCG, Hampshire County Council Public Health, Southern Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, Virgin Care, South Central and South East Coast Ambulance Services, North Hampshire Urgent Care, Hampshire County Council, Surrey County Council and Bracknell Forest Council, voluntary services and patient representatives.

2. Pressures during the winter season

2.1 Increased pressure in this system became more prominent on 29 December 2014 as shown in Figure 1 below. The following pressures have been identified locally:

- 12% increase in attendances and 15% increase in admissions over Christmas and New Year period compared with last year
- Over 35% of admissions were people aged 75+
- Older population with respiratory conditions

- Delayed Discharges Frimley Park Hospital site– circa 100 – 120 (DToC Sitrep Reported 12 – 18)
- Average of 85 - 95 medical outliers (people not being cared for within the usual specialty area)

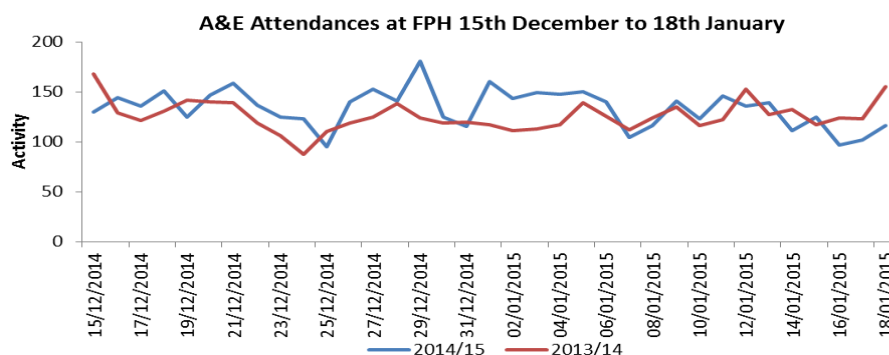


Figure 1: ED Attendance 15 December 2014 – 18 January 2015

2.2 The impact of this surge in demand results in:

- Around 100 – 130 predicted admission each day
- Around 40 escalation beds opened on Frimley Park Hospital site, 6 Farnham (now closed)
- Primary Care had not seen a similar increase
- A&E 4 hour standard performance achieved in December 2014 and Quarter 3.
- January 2015 underperformance and Quarter 4 performance challenging to deliver
- No 12 hour A&E breaches
- Ambulance services have experienced 8% increase in demand – however minimal handover delays
- Workforce challenges – recruitment, retention, sickness

2.3 In this challenging environment the system has delivered the following:

- Overall (all providers) A&E attendances increased by 2% (2014/15 Month 8 Year to Date)
- Year as a whole A&E attendances at Frimley Park Hospital for North East Hampshire and Farnham CCG population were significantly up on last year:
 - Christmas Eve saw a 41% increase (36 extra attendances)
 - New Year’s Day saw a 37% increase (43 extra attendances)
 - 26 December to 6 January saw 19% increase (277 extra attendances)
 - Emergency admissions at Frimley Park Hospital up 8%
 - Overall (all providers) emergency admissions up 7%
- Concerning the 4 hour standard (see table 1) – Frimley Park Hospital site (and Frimley Health Trust) achieved:

Period	FPH site	Frimley Health Trust
Jan 15	92.07%	90.72%
Dec 14	95.6%	93.7%
Q3	95%	94.4%

Table 1: 4 hour standard

- There were no 12 hour standard breaches at Frimley Park Hospital site. Delayed Discharges were around 100 – 120 (DToC Sitrep Reported 12 – 18)

2.4 Actions taken included the following:

- Positive and flexible partnership working
- Daily system-wide conference calls
- Operational Resilience Capacity Plan implemented
- Increased community capacity & flexibility
- Increased Out of Hours capacity
- Cancelled non urgent elective admissions
- Procured additional interim & discharge to assess care home capacity
- Daily review of social care capacity in Hampshire & Surrey
- Early supported discharge with primary care & respiratory provider (BOC)
- Primary care additional same day access appointments
- Falls pathway (**Walk and Live Confidently – WALC**)
- Communications and radio campaign across the system
- Discharge workshop with agreed action plan
- Escalation through established Surge and Escalation Plan processes

3 Lessons learned and next steps

3.1 System leaders have reviewed the performance during this challenging period. As a result a number of actions are in train to maintain resilience. These include:

- Contracting intentions 15/16 being developed in collaboration with partners based on lessons learnt over winter
- Review and redesign NHS Continuing Healthcare process
- Care homes piloting 'Trusted Assessor' assessments from partners
- Live data across system including DTOCs
- More voluntary sector involvement
- Implementation of Discharge Action Plan
- Out of hospital care model and use of community beds
- Vanguard expression of interest outcome
- Continued alignment of work streams, e.g. Better Care Fund, integration
- Lessons learned process and planning for 2015/16 – SRG review on 25 February 2015
- Change and development work to be completed – March 2015
- Review Operational Resilience Capacity Plan implementation – April 2015
- Further analysis of the data to prepare for 2015/16

Sarah McBride, Director of Delivery, NEH&F CCG On behalf of Maggie Maclsaac, Chief Officer

**North and Mid Hampshire SRG (NMH SRG)
– covering Hampshire Hospitals Foundation NHS Trust, and surrounding areas**

1. Summary of system pressures and impact on delivering high quality care / performance standards to local patients

1.1 The North and Mid Hampshire System resilience Group is chaired by Dr Andy Fellowes, GP, North Hampshire SRG and comprises members from West Hampshire CCG, Southern Health NHS Foundation Trust, South Central Ambulance Service, Out of Hours providers and Hampshire County Council Adult Services. The NMH SRG covers the catchment area of Basingstoke, Andover, Alton, Bordon, Eastleigh north and other areas for patients whose acute care is undertaken by Hampshire Hospitals NHS Foundation Trust (HHFT).

4 Summary of the key performance measures.

2.1 ED attendance levels

2.1.1 Members will be aware that HHFT hosts two Emergency Departments (ED), at both Winchester and Basingstoke and a Minor Injuries Unit (MIU) at Andover War Memorial Hospital. During the summer period 2014 attendances increased significantly at both the Basingstoke site ED and at the Andover Minor Injuries Unit, however this level of growth has reduced during the winter months, with fairly static level of attendances

2.1.2 The table 1 below shows total Emergency Department (ED) attendances over the last 6 months. Members will note that there has been no growth in ED attendances over the winter, however there were some isolated weeks during December with surges in demand.

	Main_ED	MIU	Grand Total
Jul-14	8,904	1,550	10,454
Aug-14	7,914	1,188	9,102
Sep-14	8,059	1,351	9,410
Oct-14	7,912	1,135	9,047
Nov-14	7,751	1,192	8,943
Dec-14	7,825	1,082	8,907
Grand Total	48,365	7,498	55,863

Table 1: Total Emergency Department Attendances

2.2 Admissions

2.2.1 Figure 1 below shows that admissions were also relatively static during the winter period, with a small increase than the summer period. However, there is a sense amongst all providers that the acuity of admissions increased, with higher levels of more complex and frail elderly patients, and

that this was linked to the limited impact of this years flu vaccination. This information will be shared when available

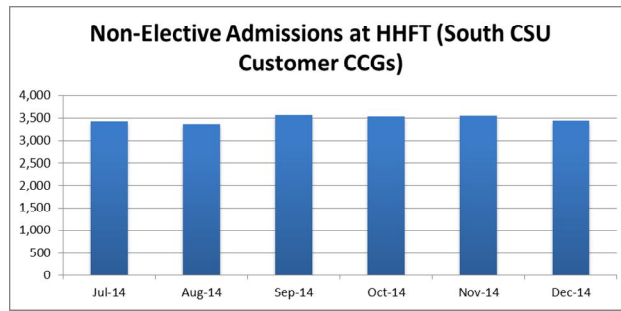


Figure 1

2.2.2 Length of stay has also increased significantly at both the Winchester and Basingstoke site, for all specialties but particularly for medical patients as shown in Figure 2 and 3 below.

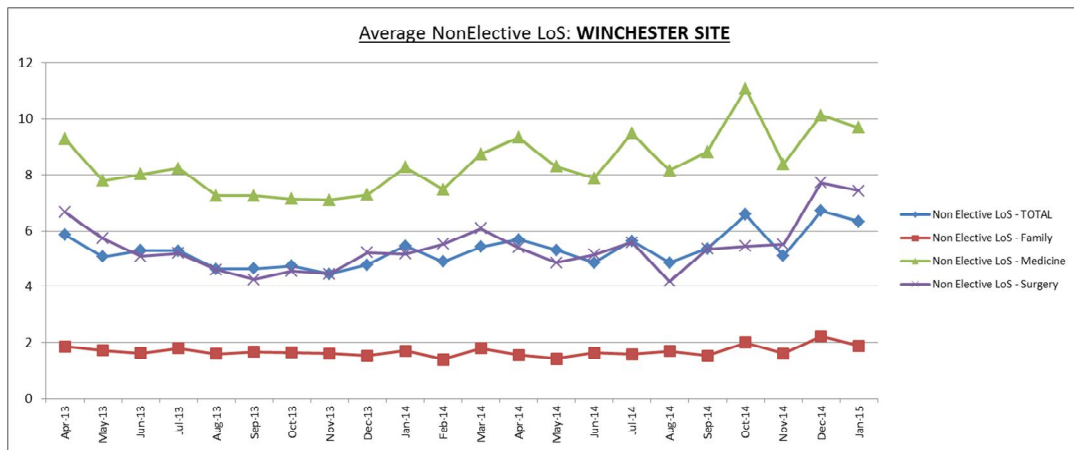


Figure 2: Length of stay Winchester

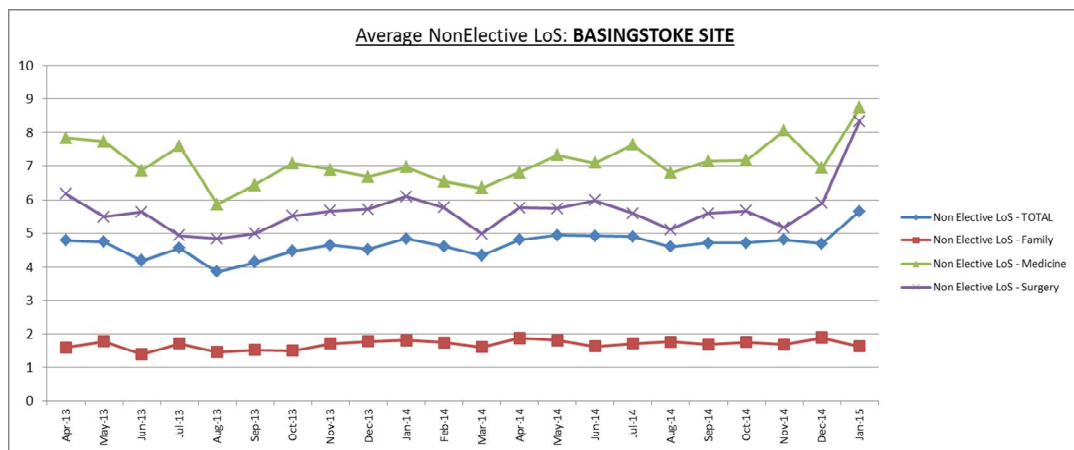


Figure 3: Length of stay Basingstoke

2.2.3 As well as an increase in lengths of stay, there has also been an increase in numbers of people admitted for a very short period of time (a few hours only) and who require minor treatments and could have more appropriately accessed care from their GP, Out of Hours provider or 111. Even though the system has seen a doubling of calls to 111 per month since the service

started 18 months ago HHFT continue to report this group of patients are attending ED.

2.3 System flow and delays

2.3.1 The key pressure impacting flow throughout the north and mid Hampshire health and social care system is the total number of patients who are medically fit but delayed in being discharged from an acute bed.

2.3.2 Figure 4 below shows the significant increase in bed days lost per month for Hampshire residents in HHFT; members will note the significant growth during 2014/15 and up to 1750 bed days a month lost, with numbers improving in December but still higher than the previous year. The main reasons for delay remain the availability of domiciliary care packages, as well as waiting for further rehabilitation

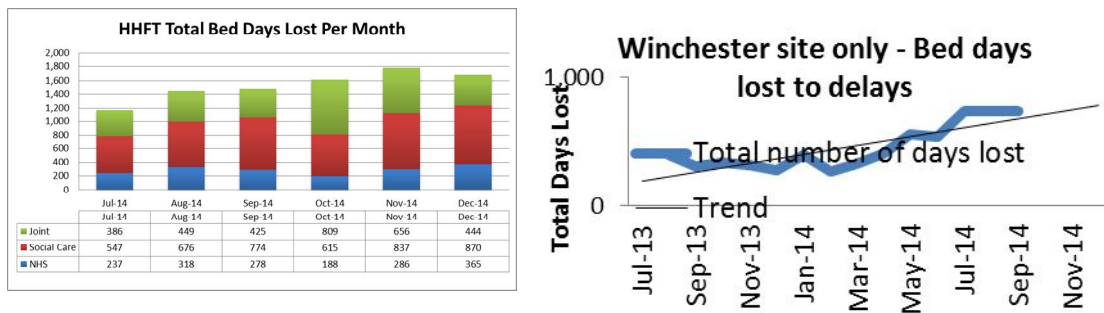


Figure 4: Bed days lost

2.4 Impact on delivery of the 4 hour ED standard

2.4.1 Figure 5 below indicates that following very strong delivery all year, from December 2015, HHFT, like many other hospital trusts, have not delivered the required standard of 95% of patients being treated within 4 hours.

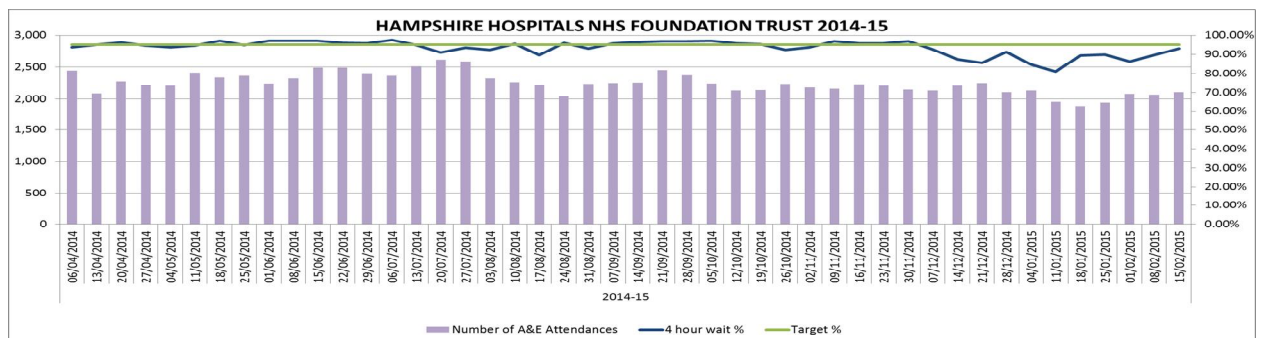


Figure 5: 4 hour ED Standard

2.5 Community Capacity

2.5.1 Alton Community hospital experienced some bed closures over the period but has now re-opened to 20 beds, with the support of HHFT staff

2.6 Performance of Ambulance, Out of Hours and 111 services

- 2.6.1. Overall, the performance of these services over the winter period has been very strong, despite a surge in calls to all services above the 120% additional capacity we planned for bank holidays over and above normal weekends.
- 2.6.2 Until December OOH and 111 services have maintained their core standards of 90% of calls answered within 60 seconds. In December a telephone system failure caused a failing of the 111 service for 2 days on the 27th / 28th December. This did impact on patient behaviour with higher ED attendances.
- 2.6.3. Overall, ambulance performance has also been very strong, with no significant rise in handover delays. There has been a deterioration in Category B (19 minute) performance; linked to vehicles being delayed at other sites as well as increasing volume

5 Actions taken to support system

3.1 The NMH SRG has taken three types of action

- a) additional funding,
- b) operational support and stronger joint working and governance
- c) ensuring the impact to patients and staff was understood

3.2 Additional funding

3.2.1 The first two waves of Winter Funds totalled £6 million across the systems and these have been allocated to a range of different projects in priority areas, including supporting mental health, improving staffing within ED departments, additional community, acute and social care beds and staffing, reducing delays by implementing discharge to assess capacity, increased weekend primary care and community teams, and moving to seven day working. The schemes agreed have all been implemented, and all are being fully evaluated against agreed outcome measures, to assess the impact made. The outcome will be reported in April and will shape future commissioning decisions. HHFT has a large number of additional beds open longer than was planned.

3.2.2 In addition, a further wave of funding was allocated to social care to build additional community capacity and reduce delays in January 2015, totalling £520,000. This funding has secured further interim care home placements including additional staffing to support flow through the interim bed capacity (35 additional beds secured over the last 2 weeks) as well as increased staffing into hospital teams.

3.2.3 This additional funding was accompanied by an expectation that the number of patients delayed in acute beds would reduce from a baseline of 56 to 44. The actual position is that 55 patients are still delayed (6 out of area)

3.3 Operational support

3.3.1 The NMH SRG has an established escalation framework to manage operational pressure across system, with daily teleconferences and an agreed framework of actions. During December and January this has been supported by significant operational support by all partners in the system – with community providers, Southern Health and Solent flexing capacity significantly to address the numbers of patients who could not access care packages, and senior health and social care managers working operationally to open capacity and manage patient pathways where possible.

3.3.2 HHFT are running 10 days of Heading for Home initiative, commencing 25th February, to reduce numbers of people delayed and increase flow in both hospital sites. The intention is to also reduce reliance on additional short term beds.

3.4 Assessing impact for patients and staff

3.4.1 The NMH SRG has taken a particular role in ensuring that all providers and commissioners work together to understand the impact on patients of these operational pressures, and non-delivery of core performance standards. This has included a detailed review of any patient with a trolley wait over 4 hours, and the impact of cancelled operations and outcome data for patients treated during December and January.

3.4.2 It is also important to note the huge operational pressure for many staff working in front line health and social care continues, and the need for longer term workforce plans that will address any staffing gaps is being discussed by the SRG with Health Education partners.

6 Conclusions and recommendations

6.1 The NMH SRG would conclude that:

- It has been a challenging winter period with pressures across health and social care
- The additional investment in services has supported staff to deliver high quality care, but has not yet demonstrated an ability to meet a number of the core patient standards during quarter four– including the 4 hour Emergency Department target, or the requirement to discharge patients from acute beds when they are medically fit.
- A full evaluation of winter monies will be concluded by April with a view to planning which elements of service delivered improvements for patients and will be re-commissioned
- The SRG has been successful in encouraging patients to “choose well” – with increased volumes to GP and 111 services, but we still need to work as a system to reduce inappropriate attendance at ED
- There has been more effective system working via the SRG, with chief officer input from all organisations, to ensure that operational pressures are managed collectively

- Workforce recruitment challenges remain the key risk to the system in improving patient care; particularly the challenges in securing domiciliary care staff and capacity

Michaela Dyer and Sharon Martin on behalf of the NMH SRG

**South West Hampshire System Resilience Group (SW SRG)
– covering University Hospitals Southampton NHS Foundation Trust and
surrounding areas**

1. Summary of system pressures and impact on delivering high quality care / performance standards to local people

1.1 The SW SRG chaired by Heather Hauschild, CEO West Hampshire CCG, comprises representatives from Southampton City CCG, Southern Health NHS Foundation Trust, Solent NHS Trust, South Central Ambulance Service, Out of Hours providers and Hampshire County Council and Southampton City Council Adult Social Services

1.2 This group undertook a deep and detailed analysis of the reason for continued pressure and poor delivery of key standards during November and December and clearly identified that the two main issues requiring improvement were:

- a) flow through the hospital, which includes both ensuring that availability of staff meets predicted demand and that flow through the hospital is maximised – including specifically a need to ensure that more patients are discharged before 2pm each day to manage bed availability
- b) high levels of patients who are delayed in being discharged from hospital – i.e. patients who were medically fit but for whom no community based nursing or social care was available, with a significant increase in the numbers of patients affected and bed days lost

A summary of the key performance metrics is shown below.

1.3 **ED attendance levels** – Figure 1 below shows total Emergency Department (ED) attendances across the SW SRG over the last 6 months. Members will note that there has been no growth in ED attendances over the winter, however there were some isolated weeks during December with surges in demand.

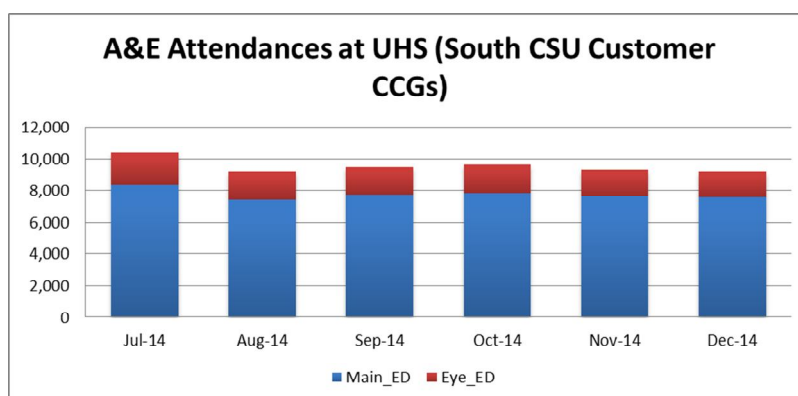


Figure 1: Emergency Department Attendance

1.4 **Admissions** – Figure 2 below shows that admissions were also relatively static during the winter period, with fewer admissions than the summer period.

However, there is a sense amongst all providers that the acuity of admissions increased, with higher levels of more complex and frail elderly patients, and that this was linked to the limited impact of this years flu vaccination. This information will be shared when available

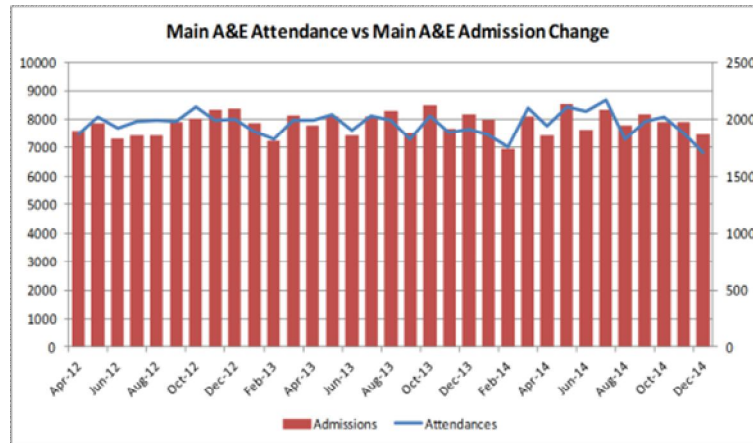


Figure 2: Admissions and attendances

There has also been an increase in those people who are admitted for a very short period of time – a few hours only – and who do not require treatment, who could have more appropriately accessed care from their GP, Out of Hours provider or 111. The system has seen a doubling of calls to 111 per month since the service started 18 months ago, but UHS continue to report patients attending ED with minor conditions.

1.5 System flow and delays - The key pressure impacting flow throughout the health and social care system is the total number of patients who are medically fit but delayed in being discharged from an acute bed.

Figure 3 below shows the significant increase in bed days lost per month for Hampshire residents in UHS; members will note the significant growth during 14/15 and up to 800 bed days a month lost, with numbers improving in December but still higher than the previous year. The main reasons for delay remain the availability of domiciliary care packages, as well as waiting for further rehabilitation

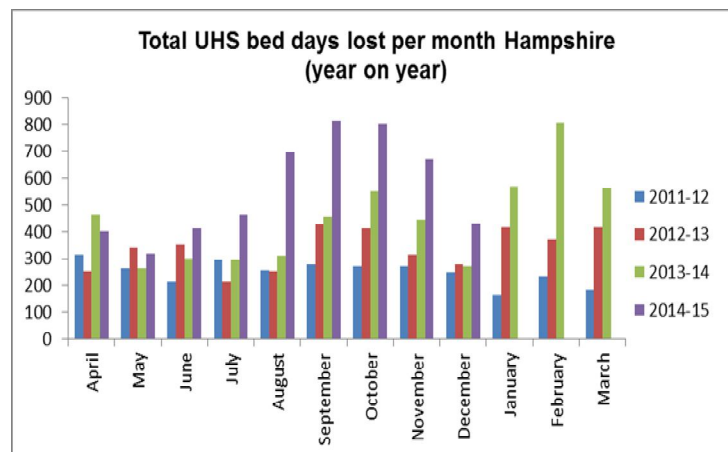


Figure 3: Bed Days Lost

Figure 4 below shows the percentage of Hampshire patients discharged within the local target of 3 days from being agreed medically fit. This shows that on average less than 50% of patients on average are discharged within 3 days of being medically fit, and less than 60% within 5 days.

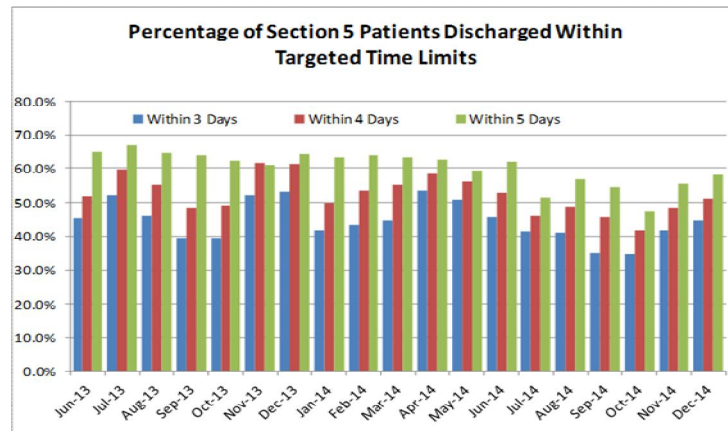


Figure 4: Percentage of Section 5 patients discharged within targeted time limits

There also continues to be a significant number of lost bed days due to social care in community settings, with an average of 600 lost bed days in Southern Health NHS Foundation Trust beds per month, as shown in Figure 5 below.

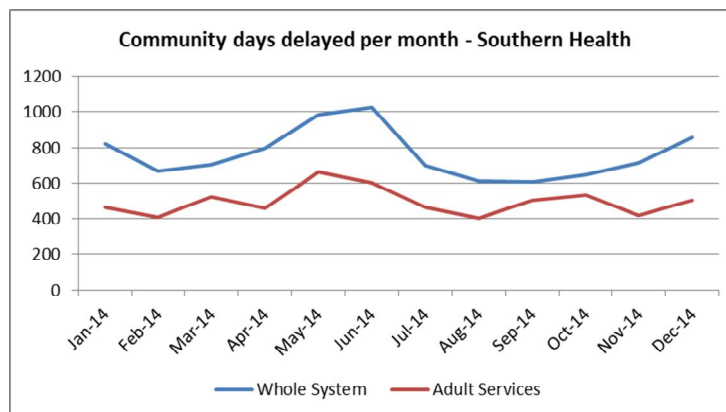


Figure 5: Bed days lost

Impact on delivery of the 4 hour ED standard – Figure 6 below shows that across the period, UHS and the SW SRG have not been able to deliver the required standard of 95% of patients being treated within 4 hours. Year to date performance is 88%

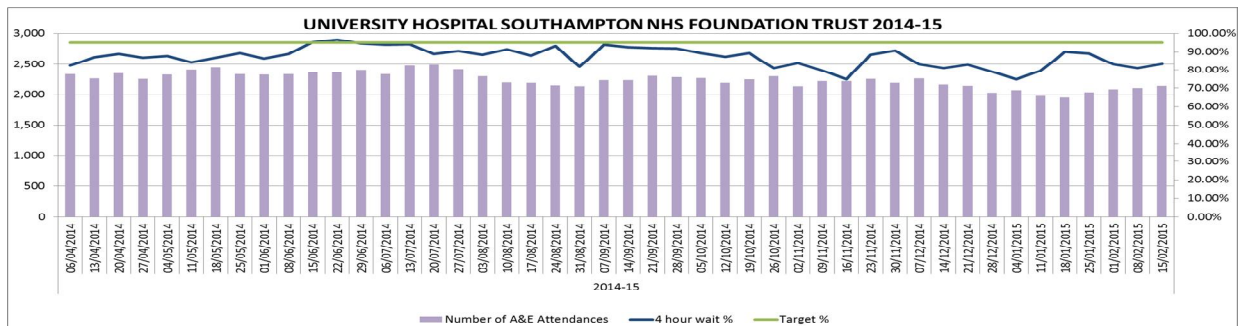


Figure 6: 4 Hour ED Performance

The system has an agreed recovery plan, with clear responsibilities both for UHS and each part of the system to improve performance. The majority of actions within that plan have been delivered, however the expected improvements in performance have not yet been seen.

1.6 Performance of Ambulance, Out of Hours and 111 services - Overall, the performance of these services over the winter period in the SW SRG has been very strong, despite a surge in calls to all services above the 120% additional capacity we planned for bank holidays over and above normal weekends.

OOH and 111 services have maintained their core standards of 90% of calls answered within 60 seconds, with the exception of December where phone system failure caused a failing of the 111 service for 2 days on the 27th - 28th December. This did impact on patient behaviour with more apparent attendances at ED.

Overall, ambulance performance has also been very strong, with no significant rise in handover delays at UHS, although there has been a deterioration in Category B (19 minute) performance; linked to vehicles being delayed at other sites as well as increasing volume

2 Actions taken to support system

2.1 The SW SRG has taken three types of action

- a) additional funding,
- b) operational support and stronger joint working and governance
- c) ensuring the impact to patients and staff was understood

2.2 Additional funding - The first two waves of Winter Funds totalled £9 million and these have been allocated to 53 different projects, within 7 clearly defined priority areas – including supporting mental health, improving staffing within ED departments, additional community acute and social care beds and staffing, reducing delays by implementing discharge to assess capacity, increased weekend primary care and community teams, and moving to seven day working. The schemes agreed have all been implemented, and all are being fully evaluated against agreed outcome measures, to assess the impact made – this report will be available in March and will shape future commissioning decisions

In addition, a further wave of funding was allocated to social care to build additional community capacity and reduce delays in January 2015, totalling £520,000. This funding has secured further interim care home placements including additional staffing to support flow through the interim bed capacity (35 additional beds secured over the last 2 weeks) as well as increased staffing into hospital teams.

This additional funding was accompanied by an expectation that the number of patients delayed in acute beds would reduce from 67 in total to 53; they

have actually reduced to 64, with a reduction of 9 Hampshire patients and an increase of 12 for Southampton.

2.3 Operational support - The SW SRG has an established escalation framework to manage operational pressure across system, with daily teleconferences and an agreed framework of actions. During December and January this has been supported by significant operational support by all partners in the system – with community providers, Southern Health and Solent flexing capacity significantly to address the numbers of patients who could not access care packages, and senior health and social care managers working operationally to open capacity and manage patient pathways where possible.

The SW SRG has also strengthened its governance structures, with all Chief Officers attending the SRG each month to focus on improving performance for patients

2.4 Assessing impact for patients and staff – the SW SRG has taken a particular role in ensuring that all providers and commissioners work together to understand the impact on patients of these operational pressures, and non-delivery of core performance standards. This has included a detailed review of any patient with a trolley wait over 4 hours, and the impact of cancelled operations and outcome data for patients treated during December and January.

It is also important to note the huge operational pressure for many staff working in front line health and social care continues, and the need for longer term workforce plans that will address any staffing gaps is being discussed by the SRG with Health Education partners.

3 Conclusions and recommendations

3.1 The SW SRG would conclude that:

- It has been a challenging winter period, with pressures for all health and social care partners
- Key pressures identified at the start of the winter – that of ensuring ED staff rotas match demand, flow within UHS during the daytime, and ensuring that the number of UHS beds blocked by delays reduces – have not all been satisfactorily solved and continue to impact on performance
- The additional investment in services has supported staff to deliver high quality care, but has not yet demonstrated an ability to meet a number of the core patient standards – including the 4 hour Emergency Department target, or the requirement to discharge patients from acute beds when they are medically fit.
- A full evaluation of winter monies will be concluded by April, with a view to planning which elements of service delivered improvements for patients and will be re-commissioned

- The SRG has been successful in encouraging patients to “choose well” – with increased volumes to GP and 111 services, but we still need to work as a system to reduce inappropriate attendance at ED
- There has been more effective system working via the SRG, with chief officer input from all organisations, to ensure that operational pressures are managed collectively
- Workforce recruitment challenges remain the key risk to the system in improving patient care; particularly the challenges in securing domiciliary care staff and capacity

Michaela Dyer, Director of Commissioning, WHCCG On behalf of Heather Hauschild, Chair, SW SRG

Portsmouth and South Eastern Hampshire System Transformation and Resilience Board (PSEH STaR) – covering Portsmouth Hospitals NHS Trust, and surrounds

1. Introduction

1.1 The PSEH STaR is chaired by Richard Samuel, CO South Eastern and Fareham and Gosport CCGs. The PSEH STaR Board operates at a strategic level to agreed terms of reference reporting to the Governing Bodies of the CCGs and Boards of partner organisations. Reporting to this Board are the components of the System Resilience Group. In particular the Urgent Care Improvement Group, chaired by Alex Berry, Chief Commissioning Officer and Urgent Care Board chaired by Dr Jim Hogan report through STaR. These groups comprise representatives All three CCGs, Portsmouth Hospital Trust, Southern Health NHS Foundation Trust, Solent NHS Trust, South Central Ambulance Service, Out of Hours providers, Hampshire County Council and Portsmouth City Council Adult Social Services.

The population of 650,000 people are served by the SE SRG is illustrated in

Figure 1 below

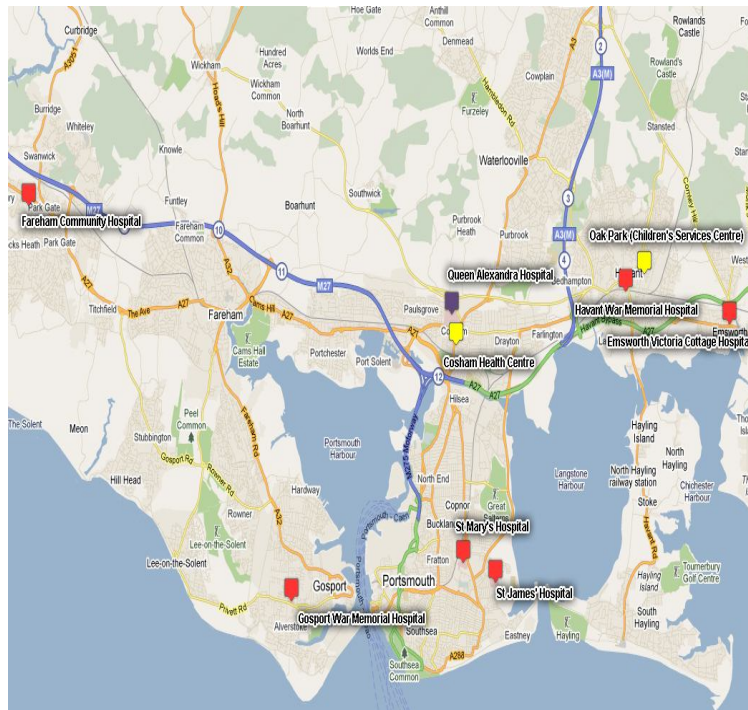


Figure 1 South Eastern Hampshire SRG area

2 Summary of system pressures and impact on delivering high quality care / performance standards to local people

2.1 Overall Emergency Department attendances have increase 3% and admissions via ED increased by 3% but this is compensated by a corresponding decrease in other emergency admissions i.e. not via ED (see Figure 2 below).

It is apparent that the conversion rate from attendance to admission via ED has increased to 37%. The system benchmarks well on discharges 13.8 per 100 beds per day compared to peer group. Delayed transfers of care is 0.7% as of the end of December compared to a target of 3.5%. Demographic factors lead to increased length of stay and this is further compounded by consistent overcrowding in ED and significant numbers of medical outliers (people being cared for in an area away from the medical specialty responsible for them) of 70 to 110+ patients each day. This operating platform makes delivery of urgent care improvement plan and sustainable delivery of the 95% ED target challenging for the system

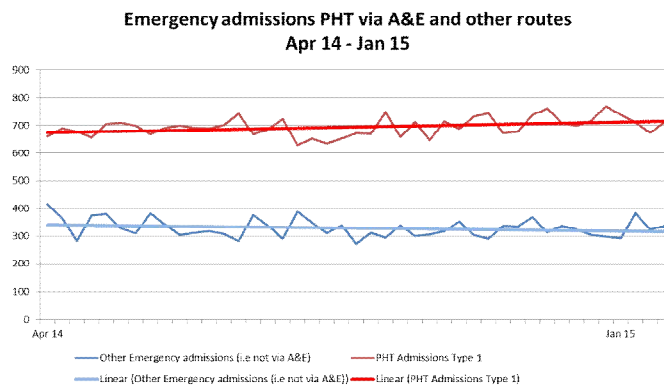


Figure 2

3 System Flow and Delays

3.1 Even though the system has been subject to numerous reviews to focus improvement effort and target resources, the system has not achieved the 4 hour access standard. Local leaders drawing on analysis by NHS IQ have concluded that:

- Demand was both seasonal and predictable with higher levels of variation in the winter but lower overall demand for ED
- Access to primary care was good, approximately 3% of people who tried were unable to speak to a GP on the day
- There are a higher number of 31 – 60 year olds attending ED
- There are more non-admitted than admitted patients
- Portsmouth Hospital Trust has seen a lower growth in demand than Wessex counterparts

- 95% of people leaving the hospital return to their own home, 15% of whom have complex packages of care. Discharges peak after 3pm and bed pressures peak at 1pm. Key cause of breaches between 1900 and 0900 is due to system capacity and patient flow with GP heralded patients in the department at this time and an increase in frail elderly patients. Figure 3 below illustrates pattern of non-elective admissions. Attendance to admission conversion rate during the day is 18% increasing to 34% at night as hospital ED becomes the 'place of safety' default for the system.

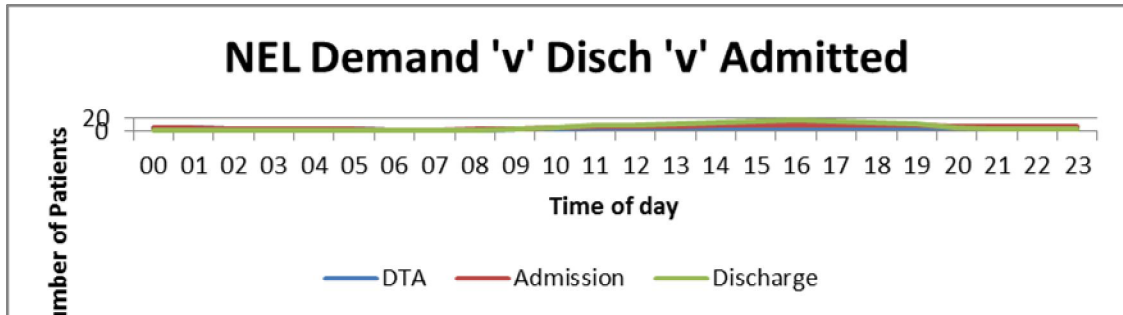


Figure 3

Breach analysis at Portsmouth Hospital, illustrated in Figure 4 below, indicates waiting for a space in the ED and then in specialty areas cause the majority of delay.

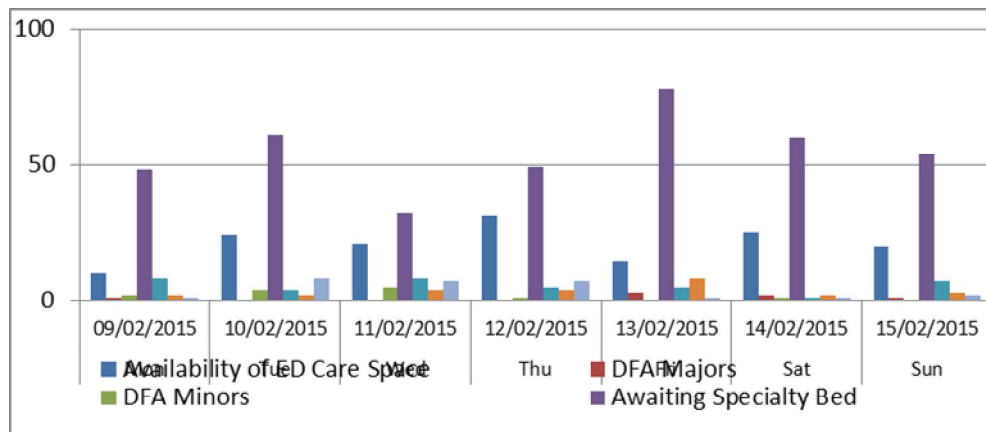


Figure 4 Portsmouth Hospital breach analysis

Further attention is now being given to the local whole system model.

4 Actions taken to support system performance improvement

- The STaR has overseen a range of schemes to support improvement in the delivery of the 4 hour standard. These include all aspects of the health and care system i.e. primary care; ambulance services, community health and social care; acute response and whole system activities.
- To enable these developments, £8.2m (non recurrent ORCP funds) has been invested. Schemes cover preventing unnecessary attendance at the ED department, avoiding unnecessary admission by keeping people well

and supported in the community, bed resources, improving flow with increased seniority and timeliness of care throughout a patient's acute hospital stay and reducing length of stay and discharge delays to a minimum. These schemes also introduce the transformation needed to align the system response with the assumptions of the Hampshire Better Care Plan.

Examples of projects include:

- Additional weekend social workers increasing the numbers of assessments at weekends in December to 84 (target 48)
- Expand community in-reach to increase the numbers of people supported to leave the hospital earlier (December 2 per day against target of 10)
- Enhancing recovery at home (Oct – Dec 125 people seen against target of 55)
- Incentivising non-conveyance 62 / 70 practices signed up to the scheme)
- Additional GP workforce in the Emergency Department (90 additional hours in December)
- HALO officer to reduce ambulance delays (Clear up rate 86% in December)

The recent review has demonstrated evidence of improvements in working together including:

- Support for and delivery of the reframed plan underneath AO/CEO level
- Agreement to Accountability Framework and consequences
- Extra staffing at week-ends by all partners, funded at risk pending ORCP 2 allocation
- Development of an integrated health and social care community team, based at PHT, to expedite timely discharge and 'pull'
- Guarantee that upon receipt of PDD and section 4, patients will be discharged within 24 hours of their discharge date
- Discharge to assess beds in place
- Reduction in discharge ready patients from 97 to 20 against a target of 30
- Renewed focus and pace by all partners

Non the less there still remaina issues around performance. In the past week the hospital has not achieved 80% at any point and will not achieve 90% by the end of Q4. The rate of conversion from type 1 attendance to admission is, 9% above the rate for England and the recovery and improvement programme is rated behind plan in three areas:

- the Hospital where the launch of the new medical model has been delayed
- Southern Health NHS Foundation Trust due primarily to Enhanced Recovery @Home and Collingwood projects.
- CCG due primarily to lack of uptake for an need to re-plan the acute home visiting service and flat-lining of the non-conveyance project at around 50% compared to a target of 54%.

Weekly review meetings continue with Portsmouth Hospital Trust for all projects and stage 2 escalation meetings were reconvened in February 2015. 15% funding for the ORCP December milestone payment continues to be withheld until

recovery project plans have been signed-off by the Urgent Care System Director along with achievement of the 4 hour ED standard in the range of 85%-90%.

Risk mitigation action is being taken in all areas.

- staffing shortages are being mitigated by recommendations from HR directors
- acute urgent care capacity shortfall compared to demand mitigated by re-alignment of acute and elective bed base
- delivery of the ED standard at the expense of cancer and 18ww Referral to Treatment Times (RTT) standards, mitigated by sufficient cancer, urgent and routine elective capacity including greater use of the independent sector if needed
- inability to address flow issues at Portsmouth Hospital Trust mitigated by strengthened internal and external governance, including sign-off by NHS Trust Development Agency 'medical director' of new medical model and associated medical staff rotas
- ability to retain staff or the risk of financial overspends for all projects funded non-recurrently.

Alex Berry, Chief Commissioning Officer on behalf of Richard Samuel, Chief Officer. South Eastern and Fareham and Gosport CCGs

Adult Social Care perspective

1. Summary overview

- 1.1 During the 12 month period to November 2014 HCC Adult Services Hospital Teams supported more than 14,000 people to leave hospital (Of the requests for Adult Services assessment 31% are for people in hospital). 80% of all the referrals to HCC Hospital Teams are for people over the age of 75, with 44% for people over 85 years. Over 5,500 people benefitted from a reablement service following a hospital admission. 73% of all 'new' hours of domiciliary care commissioned each week are to support people being discharged from hospital. On average it costs £39 per week more to support an older person following an admission to hospital, in comparison to people not admitted to hospital
- 1.2 The Hampshire Equipment Service (HES) operated by HCC provided more than 6,000 items in the six months up to December 2014; 18% of all people are receiving community equipment. The service also supplied more than 1,000 hospital beds, mattresses and other specialist items ordered by hospitals to support people upon discharge

2 Actions taken to support system resilience

2.1 Additional resources have been deployed to support the system:

2.1.1 Community Capacity –phase 1 (£962k)

- 31 additional HCC in-house directly provided 'discharge to assess' nursing home beds and 10 additional 'discharge' nursing home beds in private care homes available to the system
- Spot purchasing of additional 'reablement' capacity, supported by additional locum physiotherapists to support accelerated recuperation and recovery in bed based resources
- A new reviewing team to ensure timely and appropriate care packages and community equipment is in place
- Single tender to enable the provision of 'double-up' care packages in place to support the South East and mid Hampshire areas
- Additional funding to purchase additional packages of care, community equipment and staffing

2.1.2 Community capacity – phase 2 additional national money Jan 2015 (£520k)

- Securing further interim care home placements including additional staffing to support flow through the interim bed capacity (44 additional beds secured at or near Hampshire rate)
- Optimising the use of our In House nursing capacity both for Discharge to Assess and interim placements
- Continuing to secure all available capacity in the domiciliary care in the market including flexible use of in house Community Response Teams

- Increased staffing into hospital discharge teams including community hospitals

2.1.3 Additional staffing – a further £189k of System resilience funding has been used to;

- Support assessment and care sourcing staff capacity
- Increase administrative support to Care Purchasing Teams and other front-line teams, such as the Community Response Teams
- Additional Team Assistants (admin support) to support hospital based discharge teams, especially to enable weekend cover
- Strengthened arrangements in hospital settings to link with wards through both using locum staff and triage team developments
- Identified dedicated Social Workers to enable Integrated Discharge Team 'discharge to assess' opportunities linking to additional care home capacity
- Funded Care Navigator posts
- Increased social work capacity at weekends in hospitals including additional senior management capacity to support 7 day working and escalation response

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	no
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

- a) The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

This is a covering report which appends resilience plans for the each individual systems resilience groups that have been put in place, therefore this section is not applicable to this covering report.

2. Impact on Crime and Disorder:

- a) This paper does not request decisions that impact on crime and disorder

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impacts have been identified