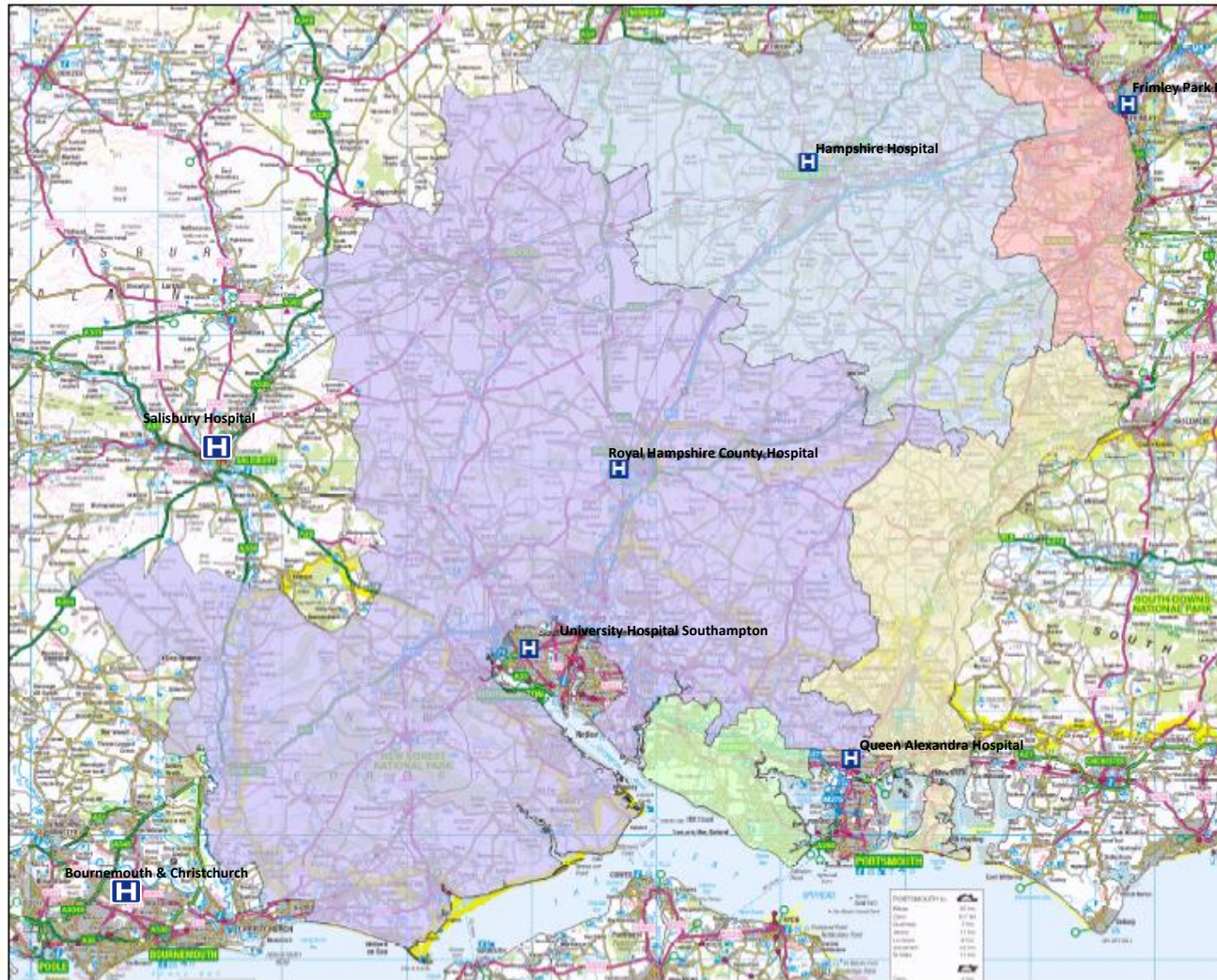


# Health and Social Care System Resilience









# 7 main Hospital locations supporting Hampshire

## Hampshire Clinical Commissioning Groups and Acute Hospitals



### Legend

-  Acute Hospitals
-  Fareham and Gosport CCG
-  North East Hants CCG
-  North Hants CCG
-  South East CCG
-  West Hants CCG

This map shows the Clinical Commissioning Groups within Hampshire and the location of the Acute Hospitals.

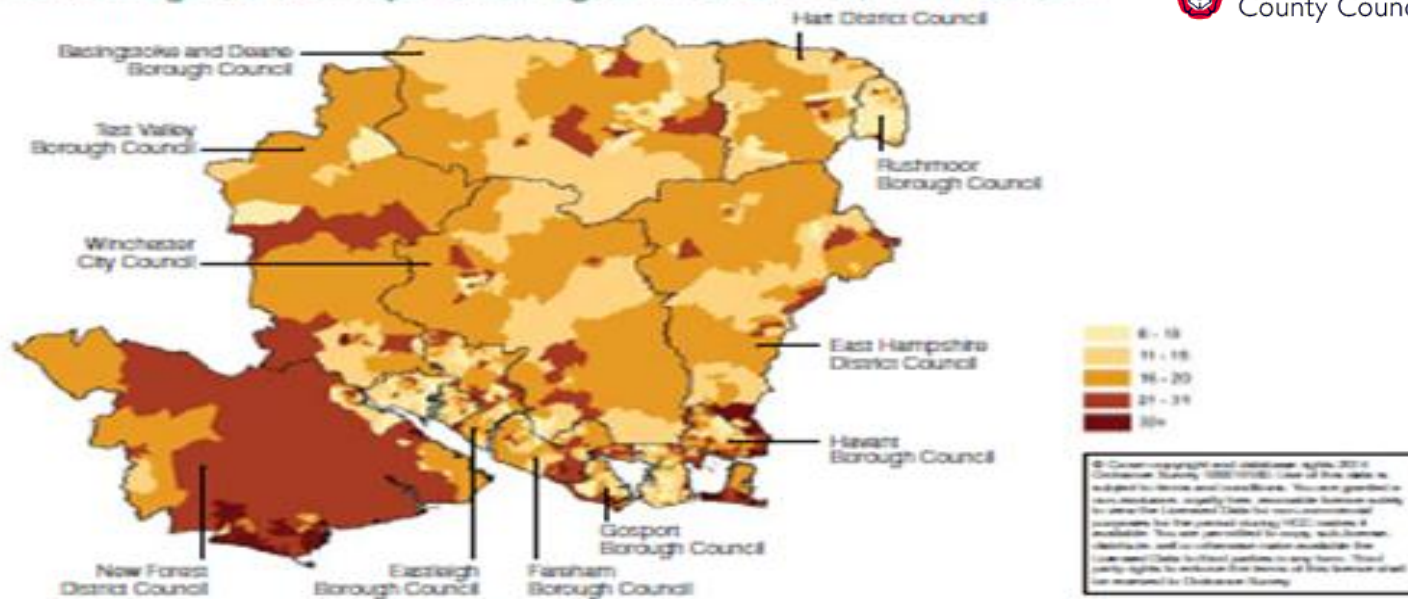
Drawn By : Harry Boyce

Email  
harry.1.boyce@hants.gov.uk

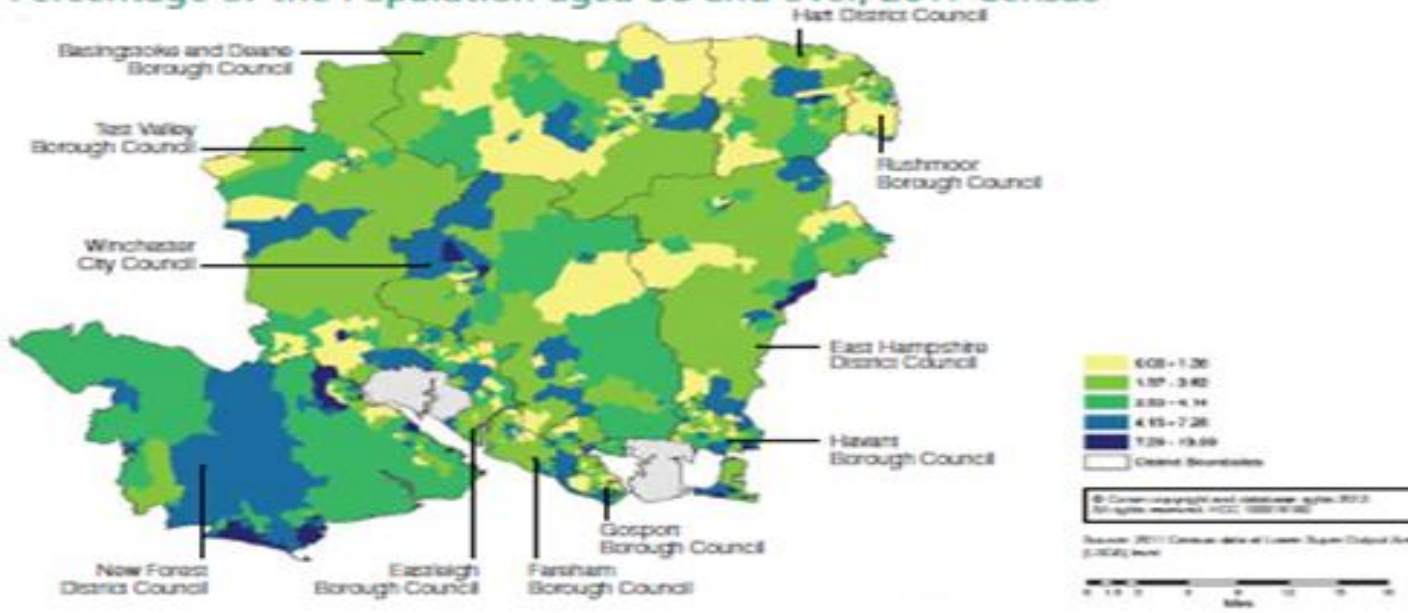
Date : 3rd March 2014

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office. © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. OSG: 100013012

## Percentage of the Population aged 65 and over, 2011 Census

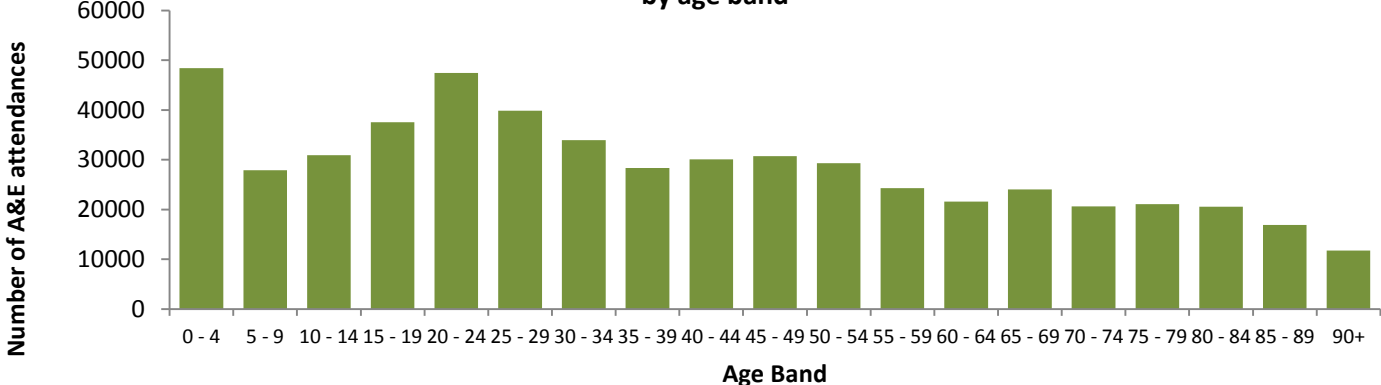


## Percentage of the Population aged 85 and over, 2011 Census



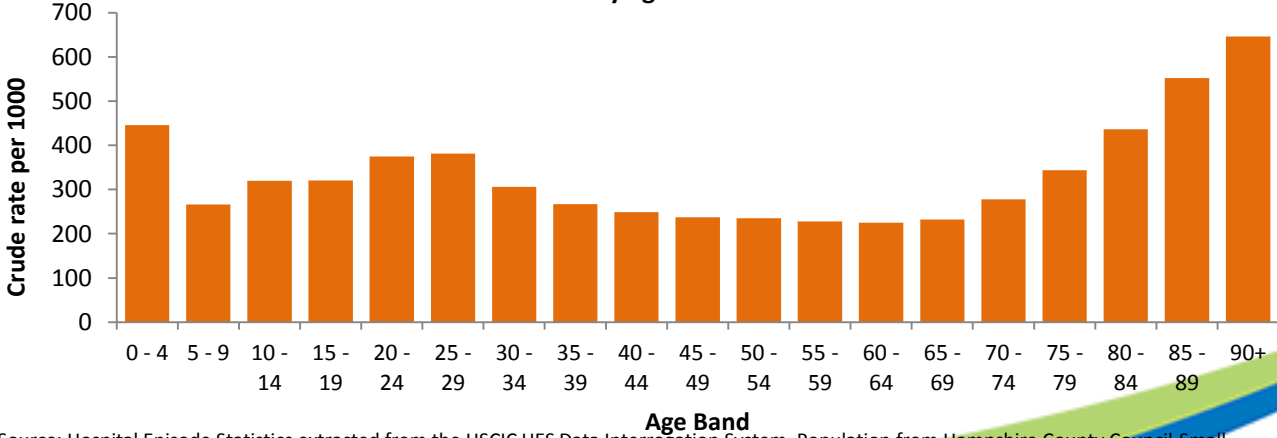
# Which groups of people attend A&E

**Number of A&E attendances for Hampshire, Portsmouth and Southampton residents 2014/15 by age band**



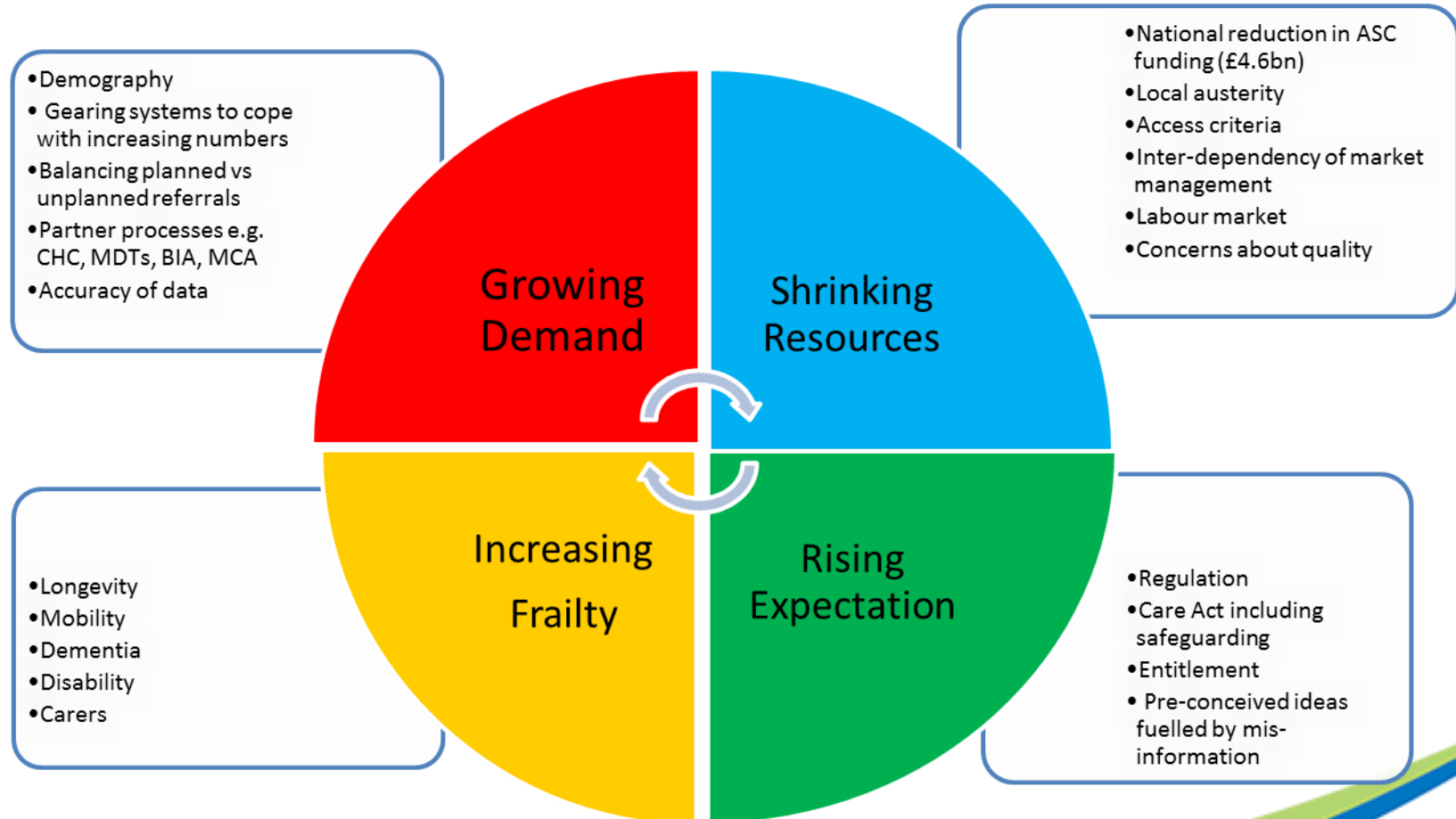
Source: Hospital Episode Statistics extracted from the HSCIC HES Data Interrogation System

**Crude rate of A&E attendance for Hampshire, Portsmouth and Southampton residents 2014/15 by age band**



Source: Hospital Episode Statistics extracted from the HSCIC HES Data Interrogation System. Population from Hampshire County Council Small Area Population Forecasts.

# Our Challenges



# Whole System Model

**Advice and information through village agents**  
**Carer support**

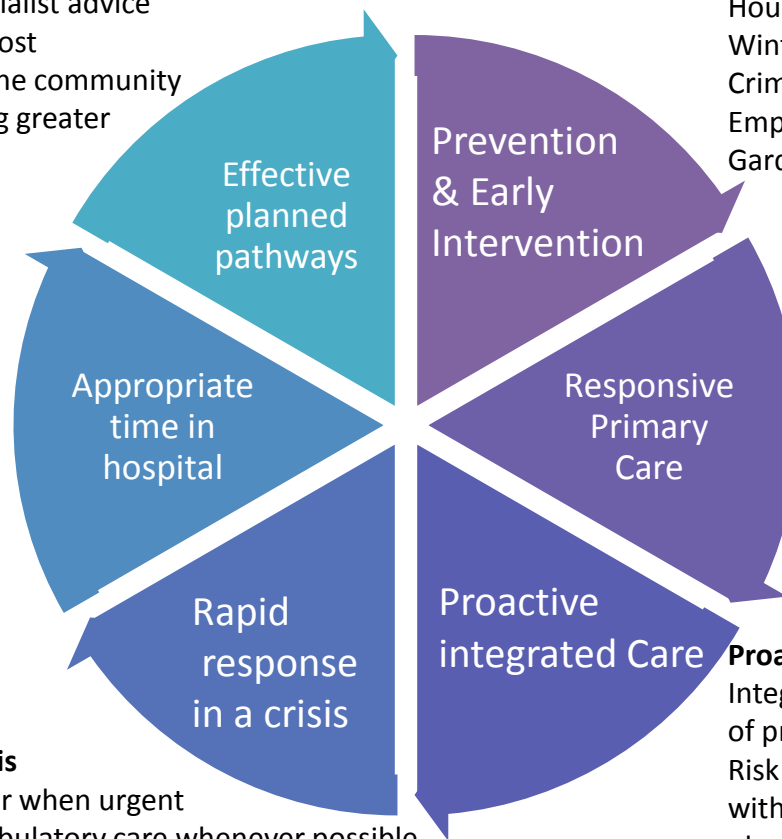
**Day opportunities**  
 Falls prevention, telehealth, telecare meals ,  
 Housing and extra care  
 Winter warmth  
 Crime and disorder  
 Employment  
 Gardening schemes

**Access to responsive primary care services**

Improving the way we organise and deliver primary care to better meet needs  
 GPs at the centre of an expanded primary healthcare team  
 Shifting the balance from reactive to more proactive care

**Proactive Integrated Care Team**

Integrated Care Teams serving clusters of practices with 50,000 population  
 Risk stratification of cluster population with proactive multidisciplinary care planning and case management  
 All patients with LTCs have a personal health plan with strong emphasis on self management  
 Single point of contact via central administrative hub  
 Single, integrated clinical record



**Cost effective planned pathways**

Improved GP access to specialist advice  
 Transfer activity from high cost  
 Hospital based services to the community  
 Systematic redesign creating greater standardisation

**People spend appropriate time in hospital**

Rapid access to high quality  
 Hospital care when needed  
 Decisions in line with agreed care plan  
 Discharge planning starts at admission and involves the ICT  
 Early supported discharge to minimise  
 Length of hospital stay  
 Option to step-down into the community

**Rapid response in a crisis**

24/7 rapid triage <1 hour when urgent  
 Assessment through ambulatory care whenever possible  
 Short term stabilisation then return to community  
 Community bed alternatives  
 Patient management aligns with ACP; 111 able to access this

# Integration Plan: Phase 1 (2015/16)



## Services jointly funded:

Community Intervention Teams  
Day care and Day Services  
Crisis Care  
Telecare

## Services jointly funded:

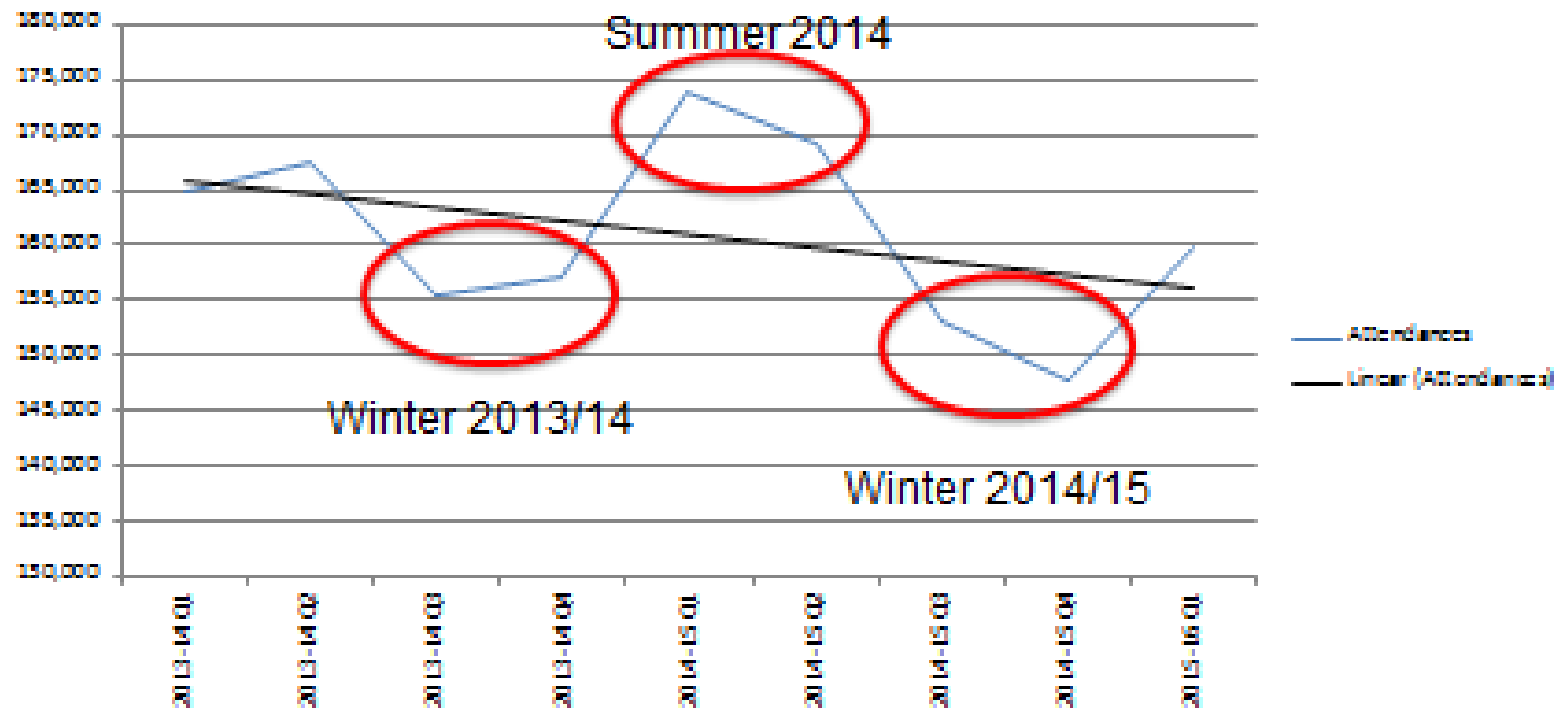
Discharge Teams  
Reablement  
Palliative Care  
Physiotherapy  
Occupational Therapy

## Services jointly funded:

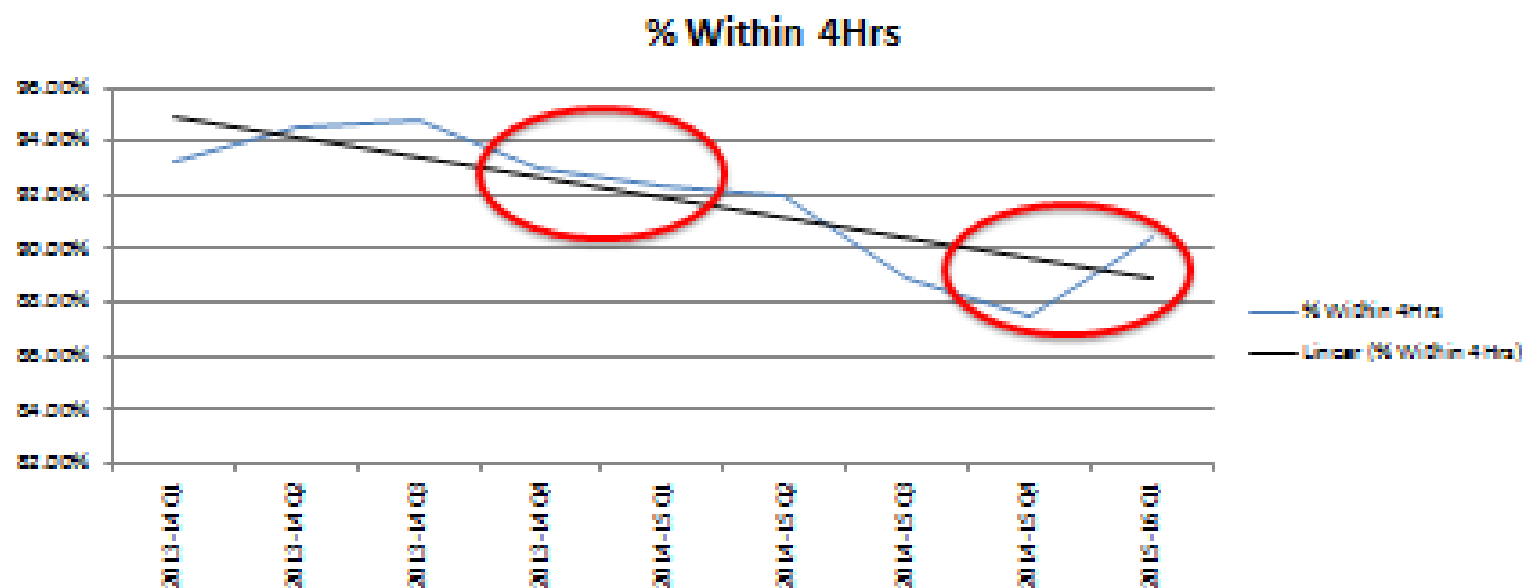
Integrated Care / Community Teams  
Dementia Advisors  
Integrated Equipment Services  
Therapies e.g. Physio, Podiatry etc  
Sitting Services, Day Care & Day Services  
Elements of long term care and support

# NHS Measure of success is 4 hour access

## Wessex A&E Attendances



## Wessex A&E Performance

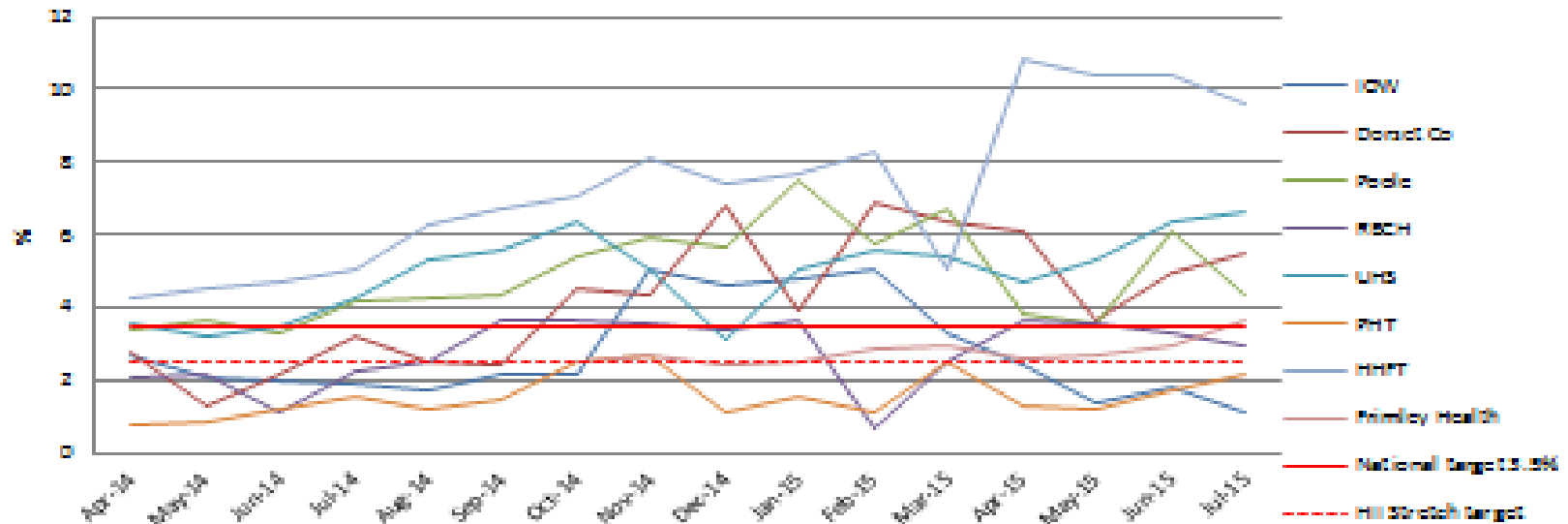


# System measure of success is delays

## Delayed Transfers of Care: Current Performance

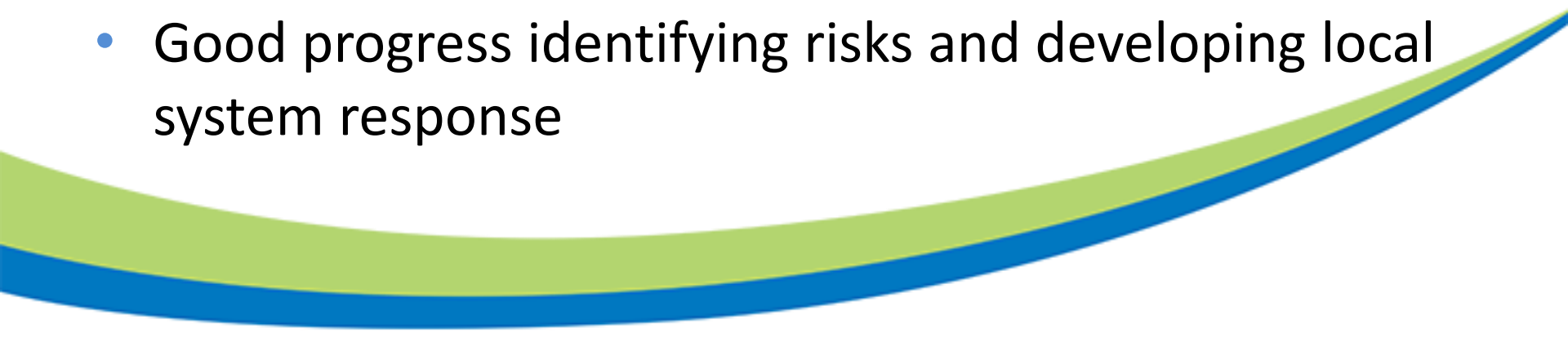
Acute Trust Delayed Transfers of Care Rate:

(Average Number of DTOC per day as a proportion of the estimated average number of occupied beds per day)

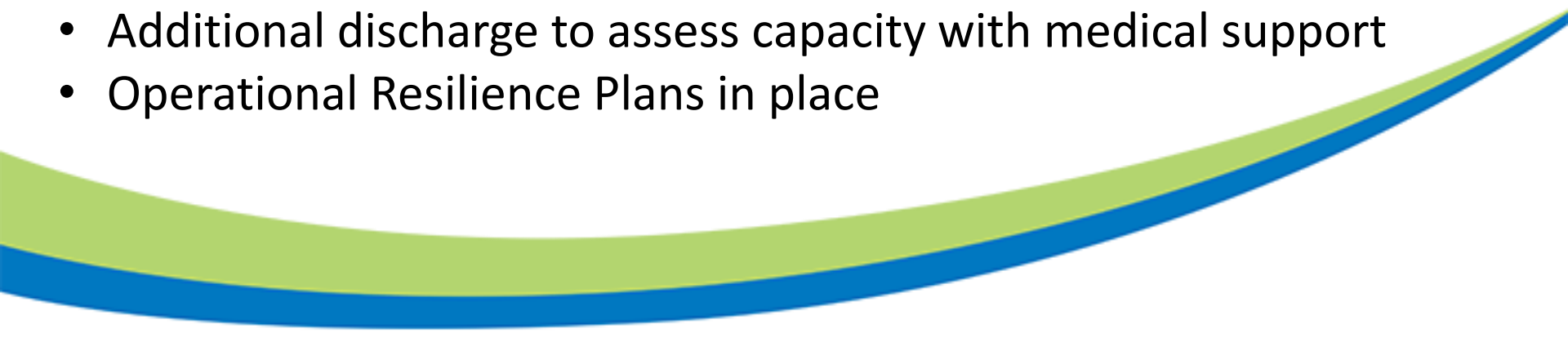


Source: Wessex DTOC dashboard

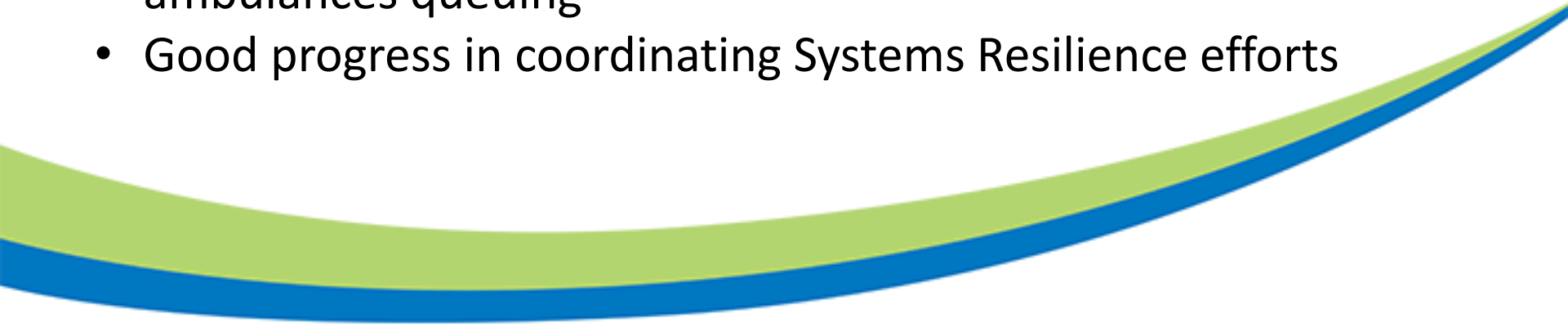
## North East Hampshire and Farnham

- Partnership complex: 3 CCGs, 1 Acute Trust, 6 NHS community providers, 2 ambulance services, 3 local authorities, GP's voluntary sector
  - Increase in ambulance call outs and A&E attendances
  - Lower number of delays Q1 2015/16 compared to last year
  - Not consistently achieved 95% 4 hour access
  - Good progress identifying risks and developing local system response
- 

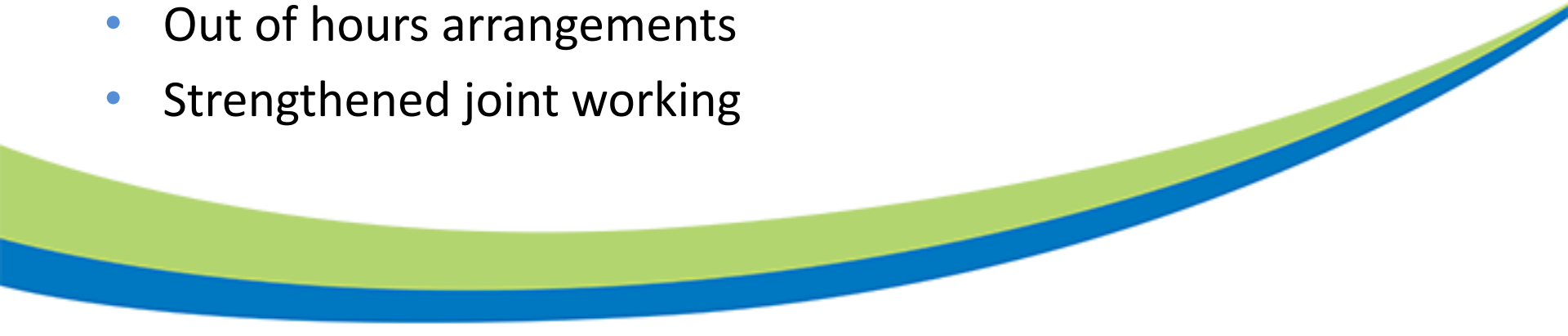
# Preparing for Winter

- More joined up acute and community working
  - 7 day working in the acute, community and social care sectors
  - Integrated Care teams
  - Falls prevention(**W**alk **a**nd **L**ive **C**onfidently – **WALC**)
  - Trusted assessor
  - Trusted discharge project with care homes
  - Flu vaccination uptake improvements
  - New mental health crisis support
  - Improved alcohol service
  - Additional discharge to assess capacity with medical support
  - Operational Resilience Plans in place
- 

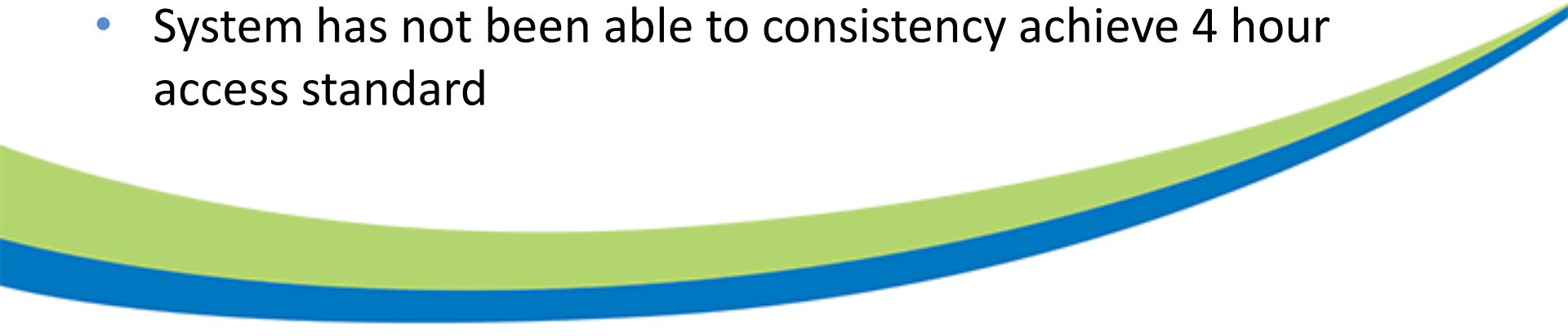
# North & Mid Hampshire

- Partnership of 2 CCGs, 1 Acute provider on 3 sites, 2 community providers, 1 ambulance service and 1 local authority
  - Marginal increase in demand
  - Increase in length of stay due to higher numbers of delays either waiting for Social Care or NHS services in the community
  - Not consistently achieving 4 hour access
  - Ambulance service very busy and recent examples of ambulances queuing
  - Good progress in coordinating Systems Resilience efforts
- 

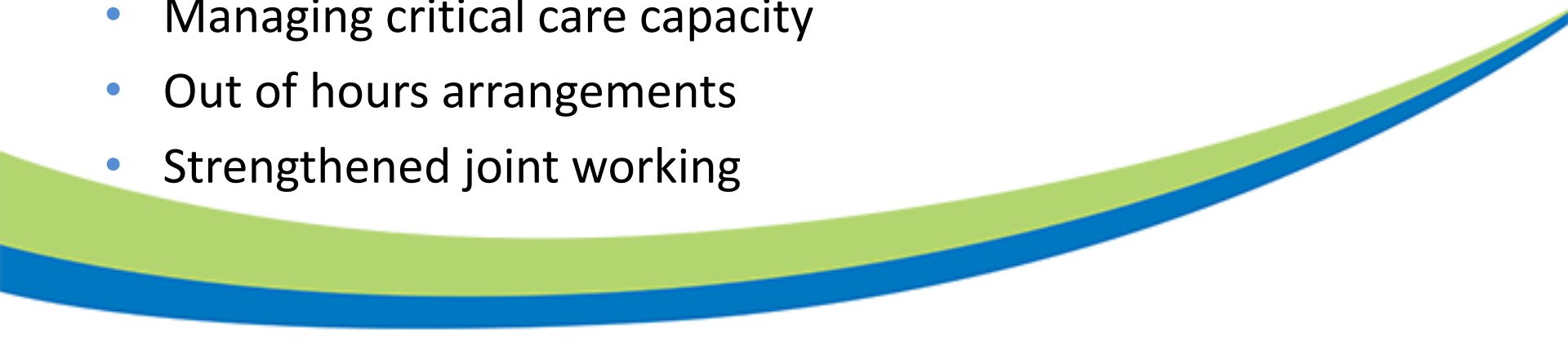
# Preparing for Winter

- Escalation and capacity management
  - System wide performance reporting
  - Seasonal and pandemic flu preparedness
  - Prevention and health protection e.g. Falls risks supported by Telecare
  - Increased and streamlined community capacity – Joint Emergency Team and Integrated Care Teams
  - Managing critical care capacity
  - Out of hours arrangements
  - Strengthened joint working
- 


# West Hampshire

- Partnership of 2 CCGs, 2 Local Authorities, 1 main acute Trust (plus 2 outside county boundary), 2 main community providers plus GP out of hours, 1 ambulance service,
  - Demand due to A&E attendance, 999, 111 and non elective admissions is about the same or lower than levels last year
  - Significant rise in “excess bed days” (length of stay) due to increase in people waiting for NHS rehabilitation and social care services outside hospital particularly in the rural Winchester and New Forest areas
  - System has not been able to consistency achieve 4 hour access standard
- 


# Preparing for Winter

- Well established operational resilience leadership group
  - Resilience plans and preparedness in place
  - Seasonal and pandemic flu preparedness
  - Trial of SHREWD (Single Health resilience Early Warning Database) to have real time information with alerts and triggers
  - Increased and streamlined community capacity – Enhanced Care @ Home
  - Managing critical care capacity
  - Out of hours arrangements
  - Strengthened joint working
- 

# South Eastern Hampshire

- Partnership of 2 CCGs, 2 Local Authorities, 1 main acute Trust , 2 main community providers plus GP out of hours providers, 1 ambulance service,
  - System has not been able to consistency achieve 4 hour access standard
  - Ageing population with increasing
  - Demand (service and financial) outstripping resources available
  - Daily targets for discharges – 26 complex and 100 simple discharges
- 

# Preparing for Winter

- Well established operational resilience leadership group
  - Resilience plans and preparedness in place
  - Seasonal and pandemic flu preparedness
  - External oversight of programme of improvement
  - Increased and streamlined community capacity – Enhanced Support @ Home
  - Out of hours arrangements
  - Strengthened joint working
- 

# Summary

- The whole health and care system across Hampshire continues to be under pressure
  - All partners working together
  - There has been and continues to be high level media interest as well as external 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 peoples needs, are likely to persist and will continue to require resources and management attention to continue in their present form.
- 