

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	24 November 2015
Report Title:	Inquiries Received and Action Taken
Reference:	7086
Report From:	Director of Policy & Governance

Contact name: Katie Benton, Scrutiny Officer

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1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/ inquiry	Source	Action Taken	Comment
Mental Health rehabilitation – permanent closure of Eastrop House	West Hampshire CCG and Southern Health NHS Foundation Trust	A report has been attached as Appendix One (page 5).	Further information requested following July 2015 meeting.
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the decision to permanently close Eastrop House and raise any issues for consideration. b. Determine if any further information is required. 			
Systems resilience in Hampshire, and planning for the upcoming winter period	<p>Chairman requested in advance of upcoming winter period</p> <p>Systems resilience groups (SRGs)</p>	<p>Papers have been submitted by:</p> <ul style="list-style-type: none"> - HCC Adult Services (Appendix 2A, page 9) - Frimley South SRG (Appendix 2B, page 15) - Portsmouth and SE Hampshire SRGs (Appendix 2C, page 25) - South West SRG (Appendix 2D, page 33) 	
<p>Recommendations:</p> <p>That Members:</p> <ul style="list-style-type: none"> a. Note the updates. b. Request any additional information required. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
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.)

Document

Location

None

IMPACT ASSESSMENTS:

0. Equality Duty

- 1.1 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 for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

2 Impact on Crime and Disorder:

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

3 Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?
- 3.2 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.



**West Hampshire Clinical Commissioning Group
Southern Health NHS Foundation Trust**

Eastrop House

This paper follows a report on Mental Health Rehabilitation presented at the HASC on the 28th July. The Committee resolved that further information be provided before it could consider the Eastrop proposals, and this is set out below.

Eastrop House in Basingstoke has been temporarily closed since 2012. It was previously used as a service to support up to eight people with mental health rehabilitation needs. Following national guidance and best practice, services in Hampshire have changed. More people with these needs can be and want to be supported in their own homes. As a result the demand for this type of service has diminished and the Eastrop House has remained empty and unused for three years. Earlier this year the arrangement was reviewed by the CCG and Southern Health NHS Foundation Trust and it was recommended that Eastrop House was not required as part of the current mental health rehabilitation provision.

Proposed Recommendation:

West Hampshire Clinical Commissioning Group and Southern Health NHS Foundation trust are requesting the HASC to note the decision to permanently close Eastrop House and raise any issues for consideration.

Other options considered

Other options have been carefully considered to explore any other feasible health-related uses for the building, including:

- Providing additional acute mental health inpatient beds: This was considered during a period when a number of patients were receiving care out of Hampshire. However by improving the mental health care pathway from admission through to discharge, we have been able to significantly reduce these out-of-area placements without commissioning additional beds. Furthermore, we determined that a relatively small, isolated acute inpatient unit would not be following best practice in terms of a safe, effective environment and would not represent the best value for money.
- Using the building as a step-down service for patients requiring forensic mental health care in collaboration with the private sector: however the organisation

approached did not have an appetite as it would be a new venture for them. The key focus for forensic services at this time is the Ravenswood re-provision. Collaboration between TQ21 services has also been considered however not deemed as a viable proposal at this time.

- Options for using the building for other, non-mental health provision have also been considered. However, strategic reviews of the local health service estate have revealed a surplus of buildings and that Eastrop House does not represent a viable solution compared to alternative options in Basingstoke.

How Eastrop House would benefit the NHS, patients and the public if closed

- In the current financial climate, we must give priority to maintaining vital front line services and constantly seek opportunities to release resources locked up in under- or unused estate.
- Permanently closing Eastrop House will enable the NHS to dispose of the site, releasing funds that can help sustain existing services.
- Due to the way ownership of the NHS estate was passed to Foundation Trusts when Primary Care Trusts were dissolved, 50% of any additional gain over the current 'book value' of the site must be paid to the Secretary of State. The remaining funds from any sale will be used to support the provision of clinical services.

Engagement

- Engagement with local stakeholders was carried out in 2012 when the building was originally temporarily closed for refurbishment. The decision to not re-open the service was based on the existing patients being settled in community accommodation and minimal need for in-patient rehabilitation units. Staff, service users and carers were informed and people were discharged into the community once their needs had been met.
- As highlighted at the previous HASC meeting, RAISE Mental Health Ltd have been commissioned to undertake a wider engagement project with patients who are currently being supported in or have used rehabilitation services. The engagement includes discussion with carers.
- The engagement is due to complete by the end of the December. RAISE have published and distributed a 31 question survey (via Survey-Monkey, Facebook and hard copies) to a wide range of organisations including service users groups, carer organisations, rehabilitation services, community and voluntary sector organisations. The survey will be open until 30th November.
- Feedback from the engagement will be used to inform future service design/pathways and service specifications.

- Initial emerging themes are the value of supportive environments and availability of staff. Service users also reported that they wanted a greater emphasis on social relationships and support with daily living skills. Two respondents (including one response from a carer) had described concerns about discharge and wanting clarity about managing risk and 'people being clear about what's needed to move on'
- RAISE have arranged visits & interviews to take place in December across four different rehabilitation environments. These include Community residential, in-patient rehabilitation unit, locked rehabilitation and a low secure service.

Support from commissioners

- Local commissioners are fully supportive of this proposal

Support from a clinical perspective

- Senior clinicians from Southern Health have led the development of these plans and support this proposal.

Other mental health rehabilitation provision in Hampshire

- SHFT provide mental health services across West Hampshire CCG, North Hampshire CCG, South Eastern Hampshire CCG and Fareham and Gosport CCG. North East Hampshire & Farnham CCG mental health services are provided by Surrey Borders NHS Foundation Trust and therefore are not included in the below
- Mental health rehabilitation is about helping people recover skills and confidence which they may have lost due to a severe, long term mental health problem. All mental health services in Hampshire are oriented towards this recovery approach and focus on building people's hope, sense of control, and to help people identify and make the most of opportunities they have.
- Specialist rehabilitation services also exist: Hollybank in Havant and Forest Lodge in Southampton which support people from across Hampshire who require more intensive rehabilitation, due to a very severe and enduring mental health problem. The provision at Hollybank and Forest Lodge has been adequate to support the population of Hampshire whilst Eastrop House has been temporarily closed.
- We are also developing a specialist community rehabilitation team based at Hollybank.

Other secondary mental health services in Basingstoke

- Parklands Hospital is a mental health inpatient service in Basingstoke, providing services for the relatively small number of people experiencing acute mental health problems who need short periods of hospital care. The Acute Mental Health Team is also based at Parklands and provides 24/7 support for people in crisis, as well as providing input to the Emergency Department at North Hants Hospital.
- The north Hampshire community mental health teams support the vast majority of people using our services in the Basingstoke area, who are able to remain in their own homes with the right level of mental health input.
- Our mental health services are usually accessed via a GP referral. GPs and other primary care services in the area provide care for most people with mild to moderate mental health problems.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee
Date:	24 November 2015
Title:	System Resilience – Adult Social Care
Report From:	Interim Director of Adult Services

Contact name: Karen Ashton

Tel: 01962 845612

Email: karen.ashton@hants.gov.uk

1. Purpose of Report

1.1. This paper provides an update on the system resilience arrangements for Adult Social Care available for the people of Hampshire.

2. Contextual Information

- 2.1. Earlier this year national media highlighted that the health and care system had come under extreme pressure. This circumstance was due to a combination of factors at the time. In subsequent months Hampshire's complex health and care system has been managed by partners working together to address the whole system challenges. We have moved to a position where the issues are known and actions to address these are jointly owned and are being co-ordinated more effectively.
- 2.2. The recent winter summit on 29 September 2015, hosted by Hampshire County Council brought together key partners to assess our readiness for Winter 2015/16. In this forum Dr Ruth Milton, Director of Public Health drew on intelligence from the recently published NHS Atlas of Variation in Healthcare 2015¹ to inform the debate. As well as population demographics the information revealed the different health issues in each part of the wider Hampshire area.
- 2.3. NHS England provided an overview of current performance and system resilience plans. Common strategic issues of workforce, capacity and finance and the operational challenges of complex and simple discharge pathways as well as reliability of seven day discharges were highlighted in discussions.

¹ <http://www.rightcare.nhs.uk/index.php/atlas/nhs-atlas-of-variation-in-healthcare-2015/>

2.4. Discussions went on to explore key themes. These have been subject to further consideration and a joint action plan has been produced for the system. Adult Services is actively participating to ensure people can have appropriate and timely access to the care and support they need in a number of ways, the most significant being strengthening the domiciliary care at home.

3. Domiciliary Care at Home

3.1 Nationally and locally, the domiciliary care at home market is not a mature sector. In Hampshire, it has been characterised by a large number (>140) of mainly small providers, who have been very competitive. A major issue has been staff recruitment and retention, compounded by staff transferring between companies rather than organisations collaborating to grow the overall workforce.

3.2 The new Hampshire Care at Home framework was introduced in April 2015. These arrangements aimed to reduce the number of providers, secure better terms for care workers and create a more collaborative environment.

3.3 In the six months prior to the implementation of the new framework, a number of changes occurred. The demand and complexity of care following hospital admission rose significantly, by 8% in quantum, including more double up care. Adverse national and local media coverage of care work seems to have also had a deleterious impact on the workforce overall.

3.4 Adult Services worked with the sector and launched an innovative recruitment campaign at the beginning of the year to counteract the trend. (<http://www3.hants.gov.uk/changelives.htm>). This has also benefited our own reablement service which now has seven new apprentices. Although this has had some impact across the area, more capacity is still required.

3.5 The department established a task group lead by a senior operational manager supported by interim resources. The team are working to an action plan to stabilise the quality and capacity in each zone. We anticipate this will have a direct impact on reducing delayed transfers of care within the system.

4. Delayed Transfers of Care

4.1 Safe discharge planning is a whole system issue and the availability of appropriate social care packages is only one of the elements that can delay a person's return home. Whilst the department is still managing 150 – 200 complex discharges each week across the County, Adult Services is aware there are significant demands on hospital services. We are working closely with health and social care partners to support effective discharge. We continue to look for ways to expedite discharge as quickly as possible whilst the work on the Care at Home provisions gathers momentum. This includes maintaining hospital based social care teams where there are more than 100 whole-time equivalent staff across all hospital sites, with social workers linked to key wards. Our shared goal is to improve the effectiveness of the whole system ensuring that as a local authority, we do all we can to put care at home packages in place as quickly as possible, while supporting the hospital with its internal processes such as handover of cases that will influence and support our speed of transfer."

- 4.2 We are now working with acute health providers exploring opportunities to utilise their greater ability to recruit to support hospital discharge and intend to test schemes with Frimley Health and Hampshire Hospitals NHS Foundation Trust in the coming weeks.
- 4.3 Our 55 beds providing interim nursing care services for people recuperating from a period of unstable health have now been aligned with NHS plans for enhanced care at home. Feedback from individuals indicates we are achieving good outcomes for people and increased occupancy suggests the resource is becoming a recognised part of pathways back in to the community.
- 4.4 A new initiative working with South Central Ambulance Service will allow referral in real time when they are called to Nursing and residential settings. This will allow integrated teams to consider action to avoid admission to hospital where this is safe for the person concerned.
- 4.5 Concerning performance, there is generally a delay in national reporting. What current data illustrates is a deterioration in performance for Hampshire. Figure 1 below demonstrates Hampshire's delays performance over the last 12 months, both whole system and those attributable to Adult Social Care alone; Adult Social Care delays includes those which are 'jointly' attributed to both health and social care (red line) within this indicator. To help understand how Hampshire performs against the national delayed transfer ASCOF measures compared with other Local Authorities (LAs), the performance of the 16 Local Authorities within our CIPFA comparator group has been calculated for November to August. Over this period Hampshire's average monthly performance was 14.1 delays per 100,000 population which is lower than the comparator average performance 15.4.

Figure 1 – Delayed transfers per 100,000 performance

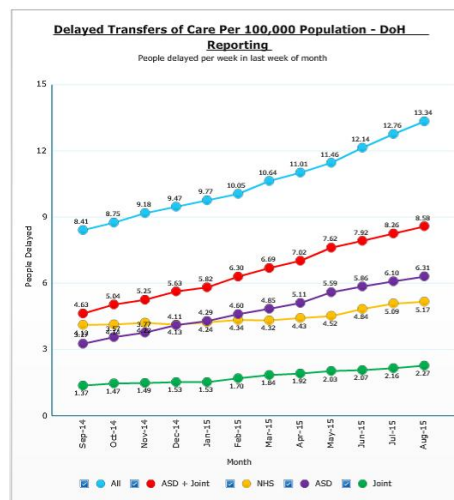
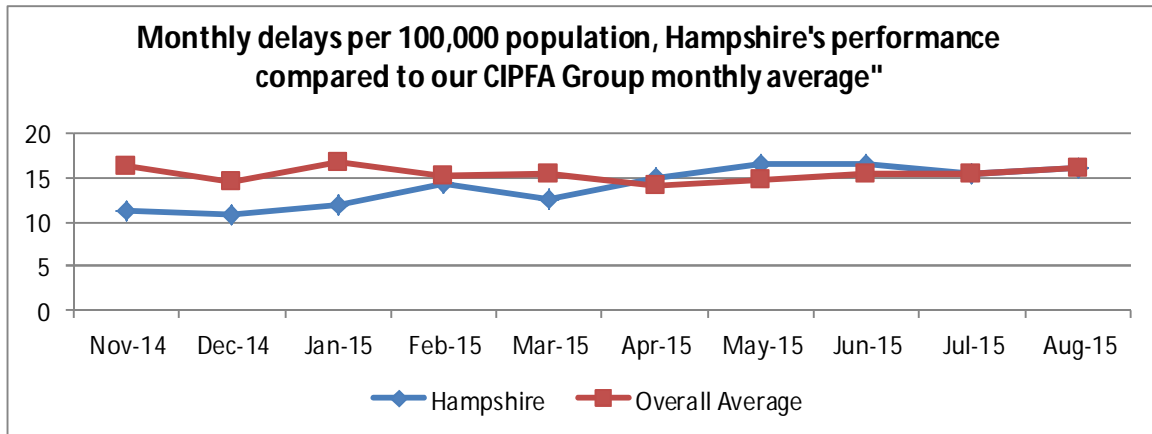


Figure 1: Delayed Transfers of Care Per 100,000 population – DH Reporting

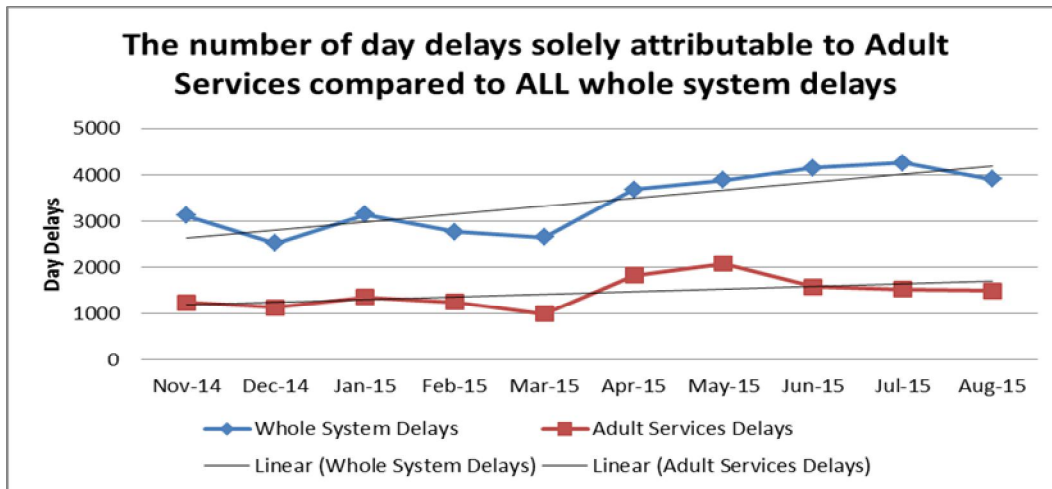
- 4.6 Figure 2 illustrates the individual monthly number of delays per 100,000 population for Hampshire against our CIPFA comparator group average. Despite delays over the rolling 12 months increasing Hampshire's individual monthly performance is not an outlier to the average performance of our comparator group.

Figure 2:



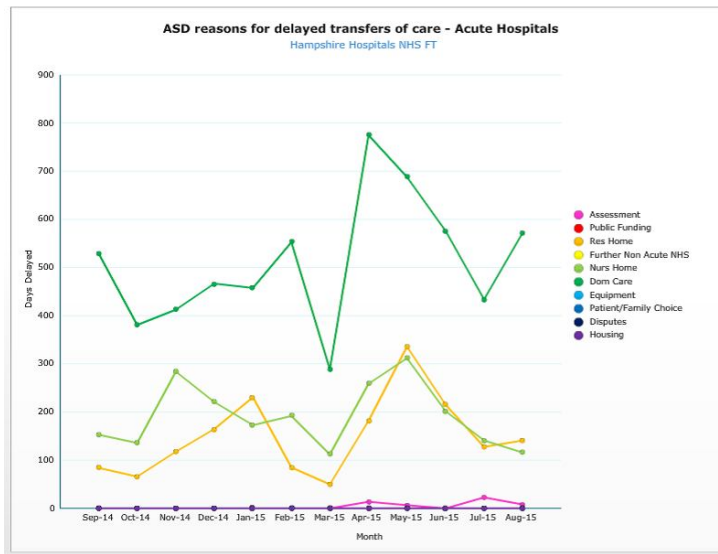
4.7 Overall the number of whole system acute day delays for patients leaving hospital have decreased in August to 3,908; down on July's 4,261, the first decrease since January/February 2015. The number of acute hospital day delays attributable to Adult Services reduced for the fourth consecutive month, from 1,527 in July to 1,498 in August. Figure 3 illustrates whole system day delays per month along with the number attributable solely to adult social care.

Figure 3 – Whole system and Adults Service day delays



4.8 In April and May Adult Services were responsible for over 50% of all the whole system delays reported, but in July and August this reduced less than 40%. Day delays associated with waits for Adult Services domiciliary care rose to 669 in July to 783 in August 2015, however, this represents an 11% decrease on the April 2015 figure of 881. Domiciliary care delays for patients leaving Hampshire Hospitals have also reduced with 573 in August down from 775 in April; a reduction of 26%. Figure 4 shows the number of day delays by reason.

Figure 4 day delay trends in Hampshire Hospital Foundation Trust September 2014 to August 2015.



4.9 Within other hospitals Southampton experienced a decrease in the number of day delays waiting for assessments, decreasing from 223 to 170, whilst delays for nursing care decreased to 53 days in Portsmouth Hospital Trust; down from 121 in July. Figures 5 and 6 below illustrate the trends in Southampton and Portsmouth.

Figure 5 day delay trends in University Hospital Southampton NHS Foundation Trust September 2014 to August 2015.

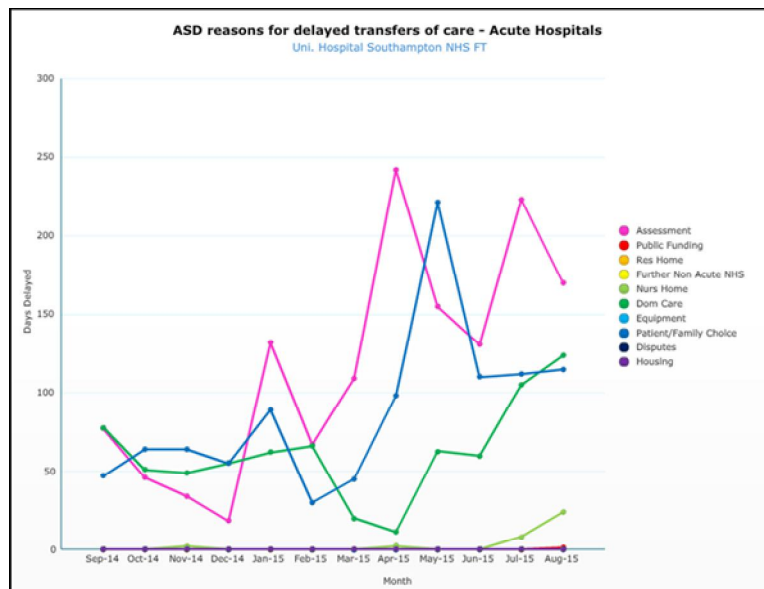
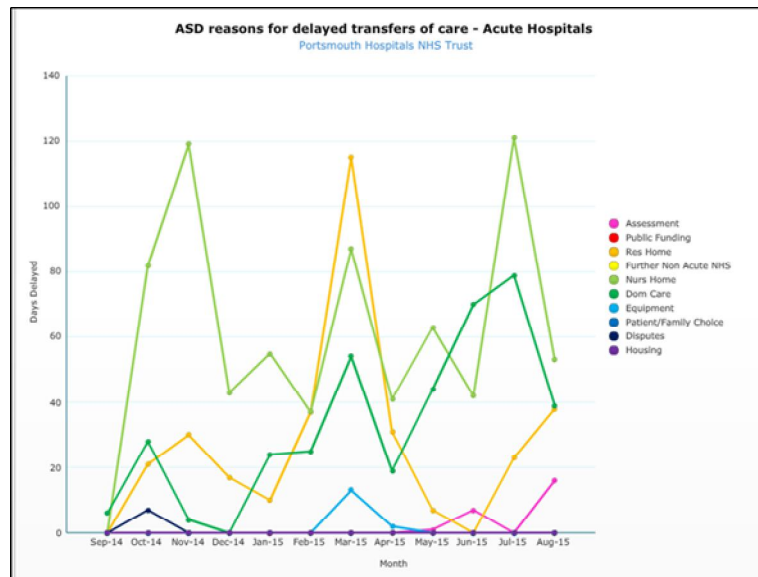


Figure 6 day delay trends in Portsmouth Hospital Trust September 2014 to August 2015.



5. Winter Preparedness

5.1 The department has worked closely with the wider Council on winter preparedness. Our experience in 2014 with the flooding showed how important the joint approach was in responding to issues. The business continuity and contingency planning covers a number of aspects including Flu immunisation for staff and vulnerable people and cold weather planning as well as prioritised gritting to maintain certain access in the event of snow and ice.

6. Resources

6.1 There has been no announcement about any additional resources for this winter. We await the outcome of the Central Spending Review later this month to see whether any additional financial support will be offered to strengthen Local Authority Social Services during the next three months.

7. Conclusions

7.1 This paper has given an update on the system resilience arrangements for Adult Social Care available for the people of Hampshire. Members of the Committee are asked to note this summary.

Frimley South System Resilience Group

Frimley South System Resilience Group Preparedness and Assurance

1. Executive Summary

This paper provides an update on Frimley South System Resilience Group Assurance and outlines what is in place this winter for our communities.

The paper seeks to provide an update on the winter preparedness and outlines the key activities of the Frimley South System Resilience Group with reference to:

- 8 High Impact Changes
- Operational Resilience and Capacity Plan
- Additional Capacity
- Clinical Operational Group
- Urgent Care Dashboard
- Communications and Engagement
- Urgent and Emergency Care Network

The paper also outlines the initial feedback received from NHS England South (Wessex) following the Frimley South System Resilience Group Assurance and the additional requirements received.

The paper outlines the outcomes of the recent Winter Risk Summit, where senior colleagues from across Hampshire, Portsmouth and Southampton came together to review preparations for winter.

The paper concludes with an outline of the next steps that are planned for the Frimley South System Resilience Group.

2. Background

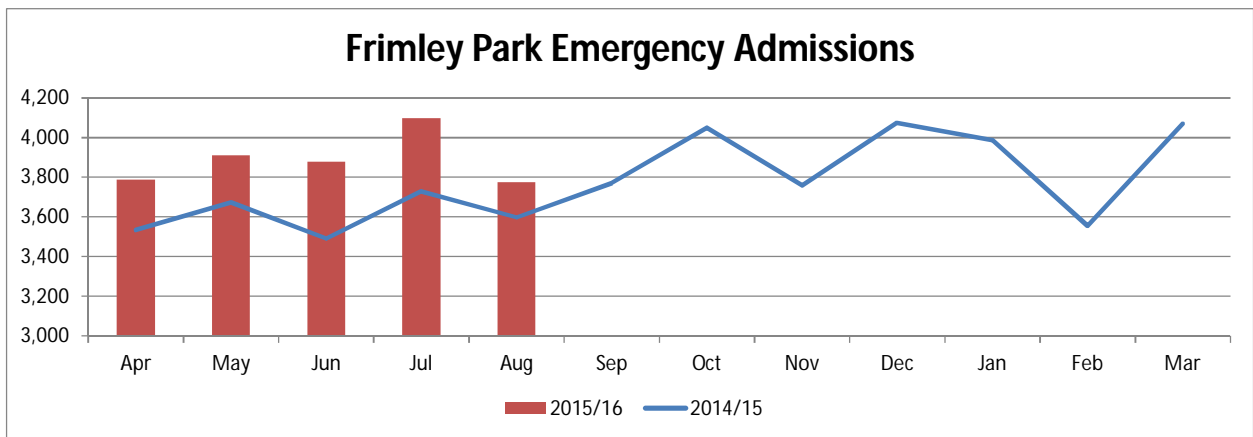
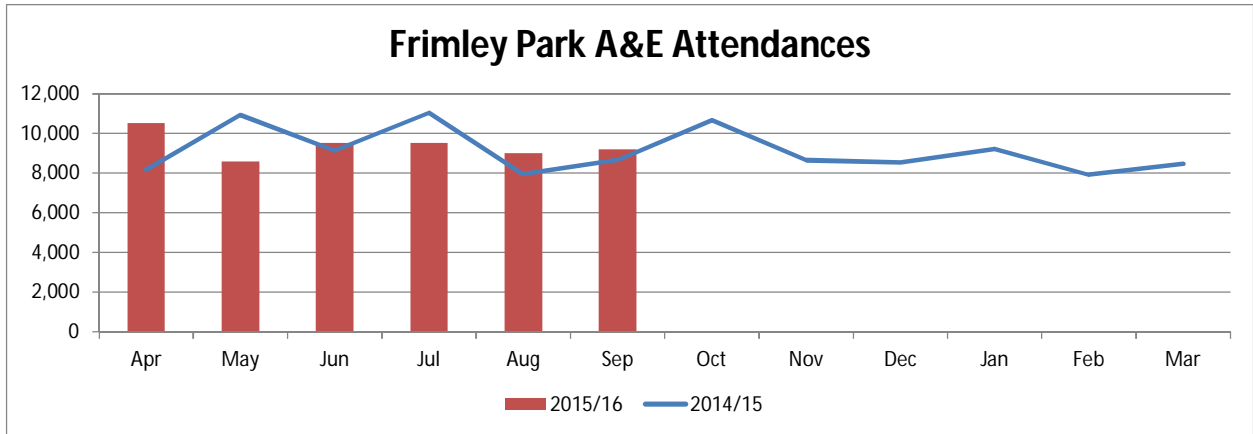
This paper provides an update on Frimley South System Resilience Group preparedness and assurance and outlines what is in place this winter for our communities.

3. Winter Preparedness

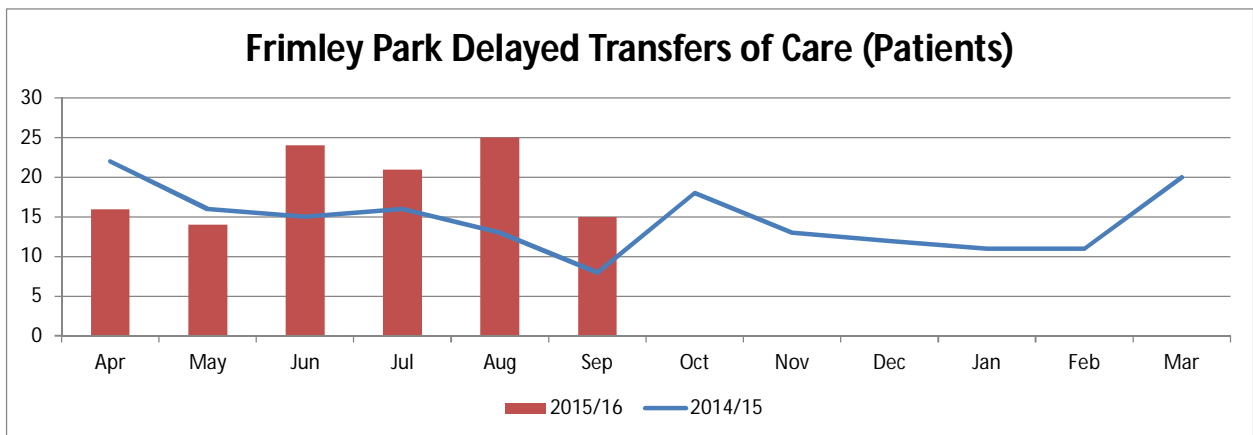
The Frimley South System Resilience Group has plans and processes in place which have been assured by NHS England (Wessex) that the Frimley South System is in a good position going into winter. Further work is underway to review, refine and test the details of these plans. Key to the ability to deliver these plans are the continued daily dialogue throughout the system on the pressures being experienced, delivery of the System Resilience Group work streams and implementation of the Operational Resilience and Capacity Plans.

4. Current Position

Frimley Health NHS Foundation Trust and Frimley Park Hospital site achieved the A&E 4 hour standard for quarter 2.



Frimley Park Hospital site delayed transfers of care rate (measured quarterly) has risen slightly to 2.55% in quarter 1, which is slightly above the stretch target of 2.5%, however below the 3.5% national standard. The number of patients reported weekly continues to fluctuate from 11 – 28 patients per week with an average of 19 patients delayed since weekly reporting commenced in January 2015.



5. Operational Resilience and Capacity Plan

The Operational Resilience and Capacity Plan allocations are focused on supporting the Frimley South System Resilience Group’s preparations for this coming winter and cover priorities such as those set out below. Plans for individual people will always be determined

operationally on a case by case base on the best solution to meet an individuals' needs and wishes:

- More joined up acute and community working (for example, joint pilot between Frimley Park Hospital and Southern Health NHS Foundation Trust)
- 7 day working in the acute, community and social care
- Integrated Care Teams
- Falls prevention
- 'Discharge to assess' care home capacity for people ready to leave acute care but still needing some additional time to get fully well and make decisions about their onward care with medical support
- Increased voluntary sector investment and support
- Trusted discharge project with Care Homes
- Flu vaccination uptake improvements – focus on at risk groups and reducing clinical variation
- Mental health crisis support
- Improved alcohol service
- Ambulance onsite support at Frimley Park Hospital site during busy periods to prevent handover delays

Our focus is on improving system flow and making people get the right care, at the right time and in the right place.

The allocations have been signed off by the three Clinical Commissioning Groups and partners are developing metrics and implementation plans.

The primary care pilot projects in North East Hampshire and Farnham Clinical Commissioning Group is aiming to focus on five areas:

- a. Respiratory Proactive Management - People with respiratory needs experience one the highest rates of emergency admission at Frimley Park Hospital. The pilot project will proactively identify patients who may be at risk of admission and provide more proactive support. This project would aim to run from November 2015 to February 2016 and be delivered by primary care.
- b. Post Discharge Support to Support Reduction in Readmission - Around 10% of patients are being readmitted as an emergency within 30 days of their discharge. This totals about 500 patients a month. As an extension to the Avoiding Unplanned Admissions Enhanced Service for 2015/2016, the pilot project will provide enhanced support to patients who have been discharged from secondary care following an emergency admission.
This is likely to take the form of a home visit. This project would aim to run from November 2015 to February 2016 and delivered in primary care.
- c. Extending access over the Christmas bank holiday weekend enhancing the primary care support that is already available through our out of hours provider. More work is underway to find a resilient model to deliver this from primary care for our community.
- d. Increase access to urgent same day appointments from December 2015 to February 2016
- e. Increase flu vaccination for at risk groups

These will be discussed with practices and agreement sought on how best to deliver regarding practice, locality or CCG wide.

This work with primary care will be further supported by the additional non-recurrent local NHS England South (Wessex) primary care transformational funding, as outlined in Appendix A.

6. Additional Capacity

Frimley Park Hospital is temporarily using additional capacity at Farnham Hospital to provide slow stream rehabilitation capacity for patients at the end of their acute phase of care from Frimley Park Hospital. This is not intended for people with more complex needs who need help from multi-disciplinary teams to help them to plan their care to go back home. The predicted length of stay in will be between 7 and 14 days.

The ward will have a therapy focus and will be staffed accordingly. The emphasis will be on enabling patients to be eased and supported back into independent living whilst receiving support sensitive to individual need from nursing and therapy staff.

This short term proposal is to start on 2 November 2015 and run until the end of March 2016.

7. 8 High Impact Changes

The eight high impact interventions have been identified national as priorities to be included in operational plans, to ensure early and effective resilience planning. It is a national expectation that these will put systems in a strong position to implement the longer term goals of the national Urgent and Emergency Care Review. The changes focus on areas such as access to A&E, ambulance and 111 management of calls, access to acute specialised clinics, internal processes at acute such as ward rounds, 7 day working and delayed transfer of care.

Good progress has been made locally with the eight high impact changes. There are two key areas, 7 day working and delayed transfers of care, where we are not fully compliant and work continues to address these. We are awaiting the outcome of the 7 day working toolkit that the acute trust completed for Monitor, which should provide a comparable baseline, in order that Frimley Health can agree the key focus for the remainder of 2015-16.

8. Urgent Care Dashboard

To support the Frimley South System Resilience Group, an Urgent Care Dashboard has been developed to further enhance use of data and performance measures. The dashboard enables colleagues to review current and past trends across an array of measures including four hour A&E standard, delayed transfer of care, non-elective admissions and some of the eight high impact changes. This will be used to highlight any area of variance or focus for further investigation. System Resilience Group members are reviewing and feeding back any suggested changes or additions. Further work is required to produce a summary sheet and to include Bracknell and Ascot information.

9. Clinical Operational Group

The Clinical Operational Group is a sub-group of the Frimley South System Resilience Group and provides a forum where expert partners across health and social care system can come together to meet agreed responsibilities, outlined in the terms of reference, which are currently being agreed.

The overarching purpose of the Clinical Operational Group is to provide clinical leadership to support system alignment, and to recommend arrangements for delivering safe high quality and

year round sustainable health and social care services to patients across the Frimley South System through delivery of the agreed Frimley South System Resilience Group work streams.

One of the first pieces of work for the group will be to provide assurance to the Frimley South System Resilience Group that its work streams are focussed on addressing the agreed actions and recommend alteration to meet national and local need.

A key action for the Clinical Operational Group will be to review the work streams and recommend key focus for the next three months, review organisation's winter plans and review the surge and escalation plan.

10. Frimley South System Resilience Group Assurance Submission

Initial feedback from NHS England South (Wessex) on the Frimley South System Resilience Group Assurance submission was overall very positive with further work needed on key areas included further detailed planning and keeping the Area Team updated on progress:

11. Urgent and Emergency Care Network

As previously reported, Frimley South System Resilience Group will interface with 3 Networks, Surrey, Wessex and Thames Valley. Initial meetings have taken place and terms of reference are being drafted.

12. Communications and Engagement

NHS England will determine the national campaigns and communications which the Clinical Commissioning Group will be required to deliver. The Clinical Commissioning Group is tailoring this information to make sure best meet the needs of our Clinical Commissioning Group community.

An update on winter plans was provided to North East Hampshire and Farnham Clinical Commissioning Group Patient and Public Engagement Committee Meeting Members on 2 September 2015. This included outlining the current communication and engagement approach and seeking guidance and support with effective delivery. It was suggested that attending the local forums again this year would be beneficial and the group agreed to identify which local forums and groups would be appropriate. These will be built into the communication and engagement plan.

13. Winter Risk Summit

On the 29 September 2015, senior colleagues from Hampshire, Portsmouth and Southampton Care System came together to undertake a Winter Risk Summit.

At the summit it was acknowledged that System Resilience Groups have made significant progress around winter planning and System Resilience Group leadership and partnership working is growing in effectiveness. It was proposed that some of the challenges faced in System Resilience Groups are best addressed together across Hampshire, Portsmouth and Southampton collectively. In order to make a difference in time for this winter, it was agreed to work collaboratively on 3 priorities:

- Care at home & care home sector
- Supporting people experiencing mental health problems
- Proactive, joined up care

These suggestions will be discussed with Surrey Heath and Bracknell and Ascot colleagues, to share learning across the Frimley System.

Appendices:

Annexe A – Frimley South System Resilience Group letter from NHS England Wessex

Joe Croombs

Frimley South System Resilience and Urgent Care Lead

4 November 2015



To: Frimley South System Resilience Group Chair

NHS England (Wessex)
Oakley Road
Southampton SO16 4GX

6 October 2015

Dear Peter,

Preparing for Winter 2015/16

Thank you for your prompt response to our letter dated 14 August 2015 regarding system resilience arrangements and preparations for winter.

We have now reviewed the Frimley South system return alongside all system resilience group submissions across Wessex and we would like to take this opportunity to provide feedback and highlight examples of good practice to support you to strengthen arrangements further.

Review of system arrangements

Firstly, thank you for your letter dated 4 September 2015. From this return, attendance at the System Resilience Group and related conversations it is fully recognised that the system has made significant progress with identifying and agreeing the system priorities and developing an associated work programme for 2015/16 in response. This places the system in a good position and it is recognised that conversations are now taking place with individual organisations to ensure overall preparedness for winter is on track. To ensure good progress continues to be made it is recommended that the system focuses on:

- Further development of the key work streams that together form the work programme, making sure that clear actions, leads and timescales are in place. We understand from subsequent conversations that project support commences from 5 October 2015 that will support this;
- Further consideration of the need to implement an accountability framework in light of continued issues with diagnostics and risks during winter to A&E and elective performance standards; and
- Continued development of the system dashboard; additional areas to consider include data on referral routes into A&E, elective waiting list performance and reasons for delayed transfers of care.

NHS England will continue to attend system meetings to provide support and through this attendance will monitor progress with the above. We will also write to ambulance commissioners separately to provide feedback against the high impact ambulance interventions.

Good practice principles

During our wider review across Wessex we have identified some good practice principles that we would like to share with all systems:

- The clearest plans have a small number of work streams that have been constructed on priorities identified through robust system diagnostics and/or review of system resilience arrangements during 2014/15;
- System resilience group work programmes should span planned care and mental health resilience in addition to urgent care and there should be particular focus on actions that underpin the recovery of constitutional standards that are not being delivered. The terms of reference should be clear on elective and mental health representation;
- The most robust work programme arrangements include a lead Director for each work stream, each providing an update and being held to account for delivery at every system resilience group meeting;
- System dashboards need to be tailored to individual systems and there are a range of good daily and monthly versions in use. Ideally key performance indicators should relate to identified work streams and therefore local priorities. However there are a number of core areas that we would expect to see and often primary care, planned care and mental health are underrepresented. Delayed transfers of care is one example that is shown in a range of different ways, but mostly not in the form that can be compared to the national 2.5% standard as set out in the eight high impact resilience interventions. We will shortly circulate a 'compare and contrast' comparison that brings together the best metrics being used across systems; and
- System Resilience Groups leading on defined work programmes should consider how they identify, mitigate and monitor risks. Ideally live risk registers should be maintained and represent a standard agenda item at each meeting.

Additional resilience funding

We are pleased to announce that significant and additional non-recurrent local NHS England (Wessex) primary care transformational funding has been identified to support systems further with resilience throughout 2015/16. The funding has been allocated to CCGs on a weighted population basis and the proposed amounts are set out at the end of this letter.

We would expect that this funding is used to support primary care resilience, for example to ensure sufficient capacity is in place during weekday evenings and weekends, which could support reductions in A&E attendances. To that end can we ask that you submit plans (one to two sides of A4), clearly setting out system intentions on how the funding could be spent and what benefits and outcomes would be expected as

a result. These plans should be submitted as part of the system letters detailed under next steps below, by close of play, Tuesday 27 October 2015.

NHS England will review the plans following submission and subject to approval release the funding to CCGs to use.

Next steps

Through this letter we have already highlighted further communications that will follow regarding ambulance intervention feedback and system dashboard good practice. In addition we are expecting further information to be circulated shortly on national winter communications and expectations at a local level.

We have asked for your local communications plan on 6 October 2015 for submission on Wednesday 14 October 2015; please could you ensure this is considered as part of your System Resilience Group winter preparedness.

As part of ongoing assurance requirements we will be asking for further information and thank you for the System Resilience Group plan on a page template, which we received on Monday 5 October 2015 and will now review. Furthermore, we have asked for the system capacity template to be submitted by e-mail to england.wessex-opsanddelivery@nhs.net by close of play this Wednesday, 7 October 2015. In addition we would like to request by e-mail to england.wessex-opsanddelivery@nhs.net by close of play, Tuesday 27 October 2015:

- A further letter, following the 4 September 2015 submission, providing an update on winter preparedness, specifically detailing high risks that remain and the planned actions in place to mitigate these;
- Within the letter please also include details on remaining high impact resilience interventions that have not been fully implemented and how the system will support this;
- Details of 2015/16 system resilience schemes that are being funded from CCG baselines and whether these are fully agreed by all system partners;
- One to two sides of A4 setting out plans on how the system proposes to spend the primary care resilience allocation referenced above. The plans should be clear on how the allocation could be spent and what the intended benefits are; and

We hope that you find this letter helpful for the continued development of the System Resilience Group. In the meantime if you have any questions then please do not hesitate to contact us.

Yours faithfully,



Bennett Low
Head of Assurance and Delivery
NHS England (Wessex)
cc: NHS England Directors, Wessex
Monitor
NHS TDA

Primary care resilience allocations for CCGs:

Dorset CCG	£286,185
Fareham and Gosport CCG	£69,632
Isle of Wight CCG	£55,521
North East Hants and Farnham CCG	£74,236
North Hampshire CCG	£76,459
Portsmouth CCG	£75,215
South East Hampshire CCG	£76,915
Southampton CCG	£92,700
West Hampshire CCG	£193,136

Portsmouth and South East Hampshire System Resilience Group Preparedness and Assurance

1. Background

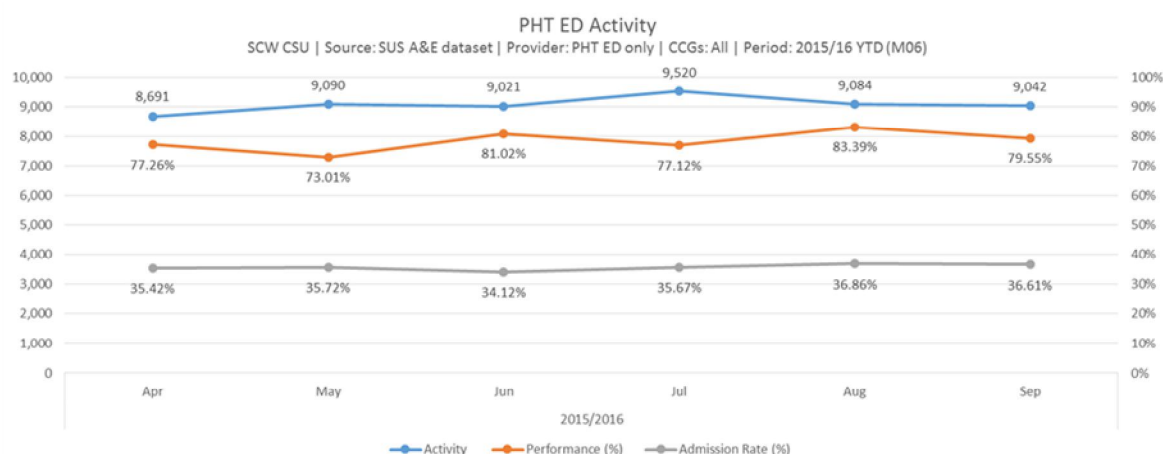
This paper provides an update on Portsmouth and South East Hampshire System Resilience Group preparedness and assurance and outlines what is in place this winter for our communities.

2. Winter Preparedness

The Portsmouth and South East Hampshire System Resilience Group has plans and processes in place to ensure the system is in a good position going into winter. These plans have been submitted to the Wessex Area Team for submission. The plan reflects the submissions received from all the system partners. Further work is underway to review, refine and test the details of these plans. Key to the ability to deliver these plans are the continued daily dialogue throughout the system on the pressures being experienced, delivery of the System Resilience Group work streams and implementation of the Operational Resilience and Capacity Plans.

3. Current Position

Portsmouth Hospitals NHS Trust did not achieve the A&E four hour standard for quarter two and are unlikely to meet the target for quarter three. The reasons behind the non delivery of the standard have been part of wide scale review and diagnostic which has resulted in the Urgent and Emergency Care Recovery Plan and four key areas of work focused on avoidable breaches, simple transfers, complex transfers and escalation.



Portsmouth Hospitals reported delayed transfers of care rate (measured quarterly) was 1.8% at the end of August, which is below the stretch target of 2.5%, and below the 3.5%

national standard. In addition to the number of reportable delayed transfers of care, the system is also reviewing the number of medically fit patients currently in hospital beds. Often these patients whilst medically fit are not discharge ready but there is work ongoing as part of the urgent care work stream to look at how we can improve processes and further improve the discharge arrangements.

4. Operational Resilience and Capacity Plan

An additional £3.5million Operational Resilience funding was given to the three CCGs at the start of the financial year to support Portsmouth and South East Hampshire System Resilience Group's preparations. Funding was allocated to providers at the start of the financial year to ensure staff were in place and that providers had sufficient time to recruit in time for winter.

The funds went to support the following initiatives:

- Enhanced capacity Portsmouth Rapid Response Team
- Adult Social Care additional support (ED/OOHs/Spinnaker/Limes/Jubilee)
- CHC nurse assessor for Fareham and Gosport CCG
- Increased Consultant cover – Seven Day Working Arrangements
- Urgent Care Centre
- Consultant led rapid assessment and treatment during hours of peak
- Enhanced Recovery at Home
- Increased medical capacity - Rowan & Sultan
- Extend the Non Weight Bearing project
- Extend the current In reach service
- Integrated Care Teams
- Falls prevention
- Discharge to assess' care home capacity for people ready to leave acute care but still needing some additional time to get fully well and make decisions about their onward care with medical support
- Trusted discharge project with Care Homes
- Flu vaccination uptake improvements – focus on at risk groups and reducing clinical variation
- Mental health crisis support
- Improved alcohol service.

The allocations have been signed off by the three Clinical Commissioning Groups and the Urgent Care Board and partners have agreed metrics and implementation plans.

5. Primary care

Commissioners have requested from PHL (Out of Hours provider) to provide a dedicated telephone line for nursing homes to call the out of hours service during the weekend period.

Each of the 25 highlighted nursing homes receive a call from the out of hours provider and asked if they require a Definitive Clinical Assessment (DCA) from a GP, or if they require one later in the day to call our direct number.

Out of Hours provide the DCA as directly required (i.e. direct transfer to the GP where possible) and conduct any home visits (HV) in priority order. Commissioners expect to

see a reduction in calls to 999 from these Nursing Homes including the conveyance of patients in these homes to the Emergency Department. Initial reports indicate that over the first three weekends 83% of all contacts were seen and treated by the out of hours service with the additional 16% conveyed. Based on 2014/15 999 data conveyances were reduced by 50%.

To further support the system in terms of existing access to primary care services across Fareham and Gosport and South Eastern Hampshire, there is the following in place:

- 45 out of 45 practices signed up to Extended Hours Enhanced Services
- 45 out of 45 practices signed up to Avoiding Unplanned Admissions Enhanced Service (dedicated GP, bypass numbers, etc)
- All practices offer some form of urgent same day access
- One Nurse-led Walk-in Centre for minor illnesses and minor injuries, and one GP-led Urgent Care Centre available as an alternative to the Emergency Department
- Implementation of a GP Same Day Access Service in Gosport.

Using the additional winter resilience allocation, of £146k the Fareham and Gosport and South East Hampshire CCGs have proposed to spend this to commission an extension of extended hours' services. Portsmouth CCG has similar initiatives in place.

GP practices will provide urgent access at times outside of core contracted hours (and extended hours via the directed enhanced service) to allow patients (where appropriate) to attend the practice urgently instead of accessing secondary care services.

This will be for urgent same-day appointments only given that these appointments will have the most impact on trying to reduce unnecessary activity elsewhere in the system. As a prerequisite to delivering this service practices will be required to advertise extensively in order to help ensure slots are filled.

Extended Hours should be delivered at locality level for natural communities of care (minimum localities as set out in a table provided by the CCG) and provided at a central location as agreed by the practices involved and the CCG.

The key outcomes that the service aims to deliver are:

- Reduce inappropriate emergency admissions through additional primary care access at weekends
- Reduce inappropriate Emergency Department attendances (and support plans to improve four hour wait performance) through additional primary care access at weekends
- Reduction in the use of urgent care services.

6. Ambulance

CCG commissioners have received a proposal from South Central Ambulance Service (SCAS) regarding the central 'winter pressures' funding for the Southern half of the

SCAS footprint. Commissioners are keen to release this funding to SCAS in support of specific projects designed to increase capacity and/or manage processes through the winter period however the initial proposal did not demonstrate how SCAS would support system pressures.

Commissioners have provided a bid template and are awaiting a revised proposal. Crews continue to use GP Triage both in-hours and out of hours to avoid conveyance wherever possible.

7. Mental Health including Psychiatric liaison winter funding

In line with the principles of the Crisis Care Concordat, learning from the Aldershot Crisis Café, an out of hours (evenings and weekend) Safe Haven model is being scoped for Fareham and Gosport and South Eastern Hampshire CCGs and, if the pump-priming Psychiatric Liaison funding is successful, will also be scoped for Portsmouth CCG. The purpose of this service is to give people a safe place to turn for those in need of mental health support out of hours, in addition to the existing out of hours and crisis provision.

Southern Health NHS Foundation Trust (SHFT) is also delivering a new pilot service to support those with challenging behaviour resulting from dementia. Nursing homes are finding it increasingly difficult to manage this patient group and it is not uncommon for them to refuse accepting patients from community or hospitals. This service supports nursing homes in ensuring they have the knowledge and skills to manage complex behaviour through facilitated weekly discussions and care based training and education, supported by the community OPHM teams (a Crisis Resolution Team). This will be a pilot project run in a small number of nursing homes to test the effectiveness of this model. Outcomes aimed for will include ensuring all residents with a diagnosis of dementia have a comprehensive care plan including the completion of the 'This is Me' tool, reduced admissions to acute and psychiatric units and reduced unscheduled contact between nursing home staff and healthcare services.

Portsmouth and South East Hampshire CCGs have undertaken a significant review of our Psychiatric Liaison Services. Our existing service has been benchmarked against other models, including the model at University Hospital Southampton NHS Foundation Trust (UHS) (a local acute Trust with a similar number of beds) and extensive discussions have been had with local providers. Commissioners have agreed to remodel the existing service in line with the UHS model and a new service specification has been drafted.

NHS England informed CCGs that there would be pump prime investment in all age, 24/7 liaison mental health services in Emergency Departments (ED). The guidance indicates this funding is non-recurring and should enable CCGs to work towards a 'Core 24' service grading. CCGs have received 50% of the funding upfront and a further 50% will be released in December following assurance of plans by NHS England regional teams for each SRG. Portsmouth and South East Hampshire CCGs have submitted plans to NHS England for additional investment to be used to continue to develop the following existing plans:

- A MOU will be agreed with PHT for the CCGs to be the lead commissioner the whole service, with the CCGs commissioning the inpatient model on behalf of the local acute trust
- The two existing community providers will be asked to agree a lead provider model for the whole service
- The Acute Trust will fund the inpatient costs in line with the UHS model
- In line with the Core 24 recommended model, this will result in the following elements being addressed:
 - An increase in Consultant sessions which will cover both ED and Inpatients
 - An increase in nursing capacity to directly support patients
 - Stronger management links between the Psychiatric Liaison Service and the Community AMH and OPMH providers
 - An increase in administrative support for the service
 - Extension of hours for ED from 12 to 15 hours coverage, with Out of Hours Support outside of this time
 - Extension of the whole service to cover both adults and older people
 - Extension of the service to support dual diagnosis issues
 - Development of the service to support outpatient provision
 - Additional specialist staffing with the knowledge, skill and time to address psychosocial need, providing brief interventions and signposting onto relevant community services (Vulnerable Adults Support Team which supports those experiencing family violence, substance misuse and homelessness).

The pump-priming will also be used to address the following gaps of our future model against the 24 recommended model:

1. Lack of current understanding about the effectiveness of provision for children and young people
2. Team Consultants available beyond office hours and for some periods at weekends
3. Models to provide more support to adults and older people in crisis in the community.

The key performance metrics that we plan to measure against these plans are one hour response time in ED (95% target), reduction in Mental Health related Emergency Department waiting time breaches and improved patient and carer satisfaction.

8. High Impact Changes

The eight high impact interventions have been identified nationally as priorities to be included in operational plans, to ensure early and effective resilience planning. It is a national expectation that these will put systems in a strong position to implement the longer term goals of the national Urgent and Emergency Care Review. The changes focus on areas such as access to the Emergency Department, ambulance and 111 management of calls, access to acute specialised clinics, internal processes at acute such as ward rounds, seven day working and delayed transfer of care.

Locally, the eight high impact changes are supported within the specific Urgent and Emergency Care plan.

9. Urgent Care Dashboard

To support the Portsmouth and South East Hampshire System Resilience Group, an Urgent Care Dashboard has been developed to further enhance use of data and performance measures. The dashboard enables colleagues to review current and past trends across an array of measures including four hour Emergency Department standard, delayed transfers of care, non-elective admissions and some of the eight high impact changes. This will be used to highlight any area of variance or focus for further investigation.

10. System Resilience Group

The System Resilience Group (SRG) provides the strategic and operational leadership across the health and social care system of South Eastern Hampshire, Portsmouth and Fareham and Gosport CCGs for both unplanned (non-elective) and planned (elective) care for the populations it serves.

All partners across the system jointly shape and co-ordinate the planning, integration and delivery of care in order to support the delivery of safe, responsive, effective, high quality accessible services which are good value for taxpayers by local providers.

The SRG role and function has three key purposes:

1. To come together and work across boundaries to ensure operational resilience, matching resources with demand, to improve patient experience and clinical outcomes in both urgent and planned care
2. To enable systems to deliver high quality, safe services and optimise all parts of the health and social care system to eliminate waste of resource
3. To understand the impact and align the planning and delivery of planned care with unplanned care across the whole system.

The SRG is supported by the following three working groups:

1. Urgent Care
2. Elective Care and Cancer
3. Community and Primary Care.

11. Urgent Care working group

The Urgent Care working group is focussing on the following four key areas:

- Avoidable breaches –Working to achieve avoidable breache targets
- Simple discharges – Reviewing discharge proceeses to ensure patients are dischatged as soon as clinically appropriate
- Complex discharges – Reviewing discharge and assessment processes to ensure patients who need additional, complex support are discharged as soon as clinically appropriate
- Escalation process – Reviewing the escalation process for when the system is facing high levels of demand to ensure it is appropriate and applied consistently.

There are clear action plans in place for each of these areas with regluar working group meetings to review progress and determine next steps. Highlights of this work includes:

- Working with Solent NHS Trust and Southern Healthcare NHS Foundation Trust to develop community provision for frail patients and those with heart failure and respiratory conditions
- Running a falls prevention programme
- Working with South Central Ambulance NHS Foundation Trust to enable paramedics to treat more patients at home and only convey those that clinically need to be seen at hospital
- Working with local nursing and residential homes to support people to stay in their own home and only taken to hospital when clinically appropriate
- Running an acute home visiting pilot
- Improving the use of the Urgent Care Centre at Queen Alexandra Hospital, Portsmouth
- Developing a Frailty Interventional Team which works with community providers and primary care to prevent admissions
- Improving the management of alcohol, substance misuse and mental health patients
- Improving the use of the discharge lounge at Queen Alexandra Hospital and improving patient flow through the hospital
- Providing complex dementia care after an acute admission
- Developing a discharge to assess model
- Using a set of predictive for the system to fully evaluate capacity and demand needs all year round as routine practice rather than only during bank holidays.

In addition we are working closely with Hampshire County Council to determine how we can resolve current issues in the home care market.

12. Urgent and Emergency Care Network

As previously reported, PSEH System Resilience Group will interface with the Wessex Network. Initial meetings have taken place and terms of reference are being drafted.

13. Communications and Engagement

Last month (October) saw the launch of a major national winter information campaign for patients and members of the public. Stay Well This Winter is run in partnership with Public Health England, the Trust Development Authority, Monitor and the Department of Health.

It will run across a range of media including TV, radio, digital, press and poster sites and we will be supporting the key elements of the campaign locally, alongside our usual messaging about urgent care choices, and the promotion of our popular urgent care guide which has just topped 14,000 downloads.

An important theme for the national campaign this year is to urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

Its main messages will include:

- Make sure you get your flu jab if eligible
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can

- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve
- Always take your prescribed medicines as directed
- Look out for other people who may need a bit of extra help over winter.

For more information please visit the website at www.nhs.uk/staywell

14. Winter Risk Summit

On September 29, 2015, senior colleagues from Hampshire, Portsmouth and Southampton Care System came together to undertake a Winter Risk Summit.

At the summit it was acknowledged that System Resilience Groups have made significant progress around winter planning and System Resilience Group leadership and partnership working is growing in effectiveness. It was proposed that some of the challenges faced in System Resilience Groups are best addressed together across Hampshire, Portsmouth and Southampton collectively. In order to make a difference in time for this winter, it was agreed to work collaboratively on three priorities:

- Care at home and care home sector
- Supporting people experiencing mental health problems
- Proactive, joined up care.

HAMPSHIRE OVERVIEW AND SCRUTINY COMMITTEE**REPORT FROM SOUTH WEST SYSTEM SRG – SYSTEM PRESSURES AND WINTER ASSURANCE****1. Purpose**

The purpose of this report is to provide a summary of the system pressures within the SW System SRG, a summary of performance year to date, the key risks in relation to Winter 15/16, and action being taken to mitigate those risks

2. Context / Geography

For context, the SW system is the system centred around University Hospitals Southampton NHS Trust (UHSFT). The System Resilience Group is chaired by Heather Hauschild, West Hampshire CCG Chief Executive and also includes Southampton City CCG, Solent NHS Trust, Southern Health NHS FT, Ambulance and Out of Hours providers as well as Hampshire and Southampton Local Authorities.

3. Summary of key system pressures and associated performance year to date**Activity Levels**

- 3.1 The South West system continues to manage to buck the national trend in relation to demand for services – demand for Accident and Emergency Attendances, as well as Non Elective admissions, is all relatively equal to activity levels seen last year and the system is not seeing significant growth.

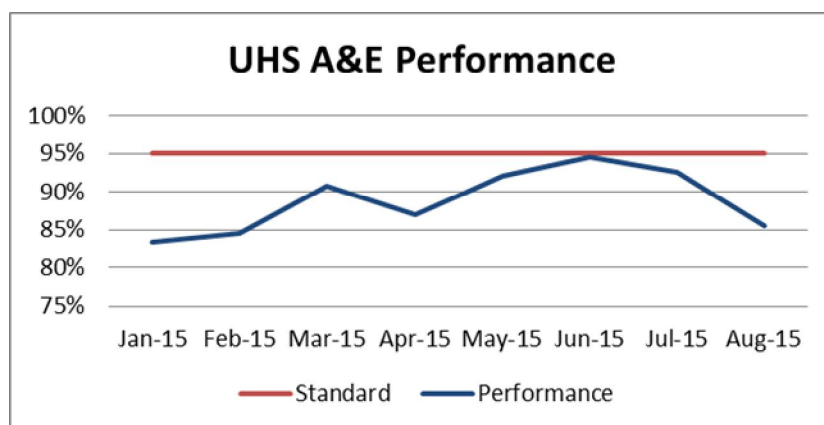
We are seeking increasing demand for 111 calls (which the system had planned for) and in 999 calls to SCAS, at around 1% growth.

However, the main system pressure in terms of activity continues to relate to length of stay – with significant rise in length of stay in both the acute and community hospital system, and high numbers of medically fit patients being delayed either waiting for social care support of NHS re-ablement services. This is being demonstrated by considerable rises in “excess bed days” across the system (where patients stay longer than the nationally recommended average) and has a poor impact on patient care.

Performance – Accident and Emergency

- 3.2 The system has not been able to consistently achieve the 95% standards for patients to be treated, admitted or discharged within 4 hours of arriving at the Accident and Emergency Department. Year to date performance is summarised below, and the HASC will note that there was deterioration in performance at Trust level.

Month	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Target	95%	95%	95%	95%	95%	95%	95%	95%
Performance	83.31%	84.50%	90.80%	86.94%	92.08%	94.49%	92.51%	85.55%



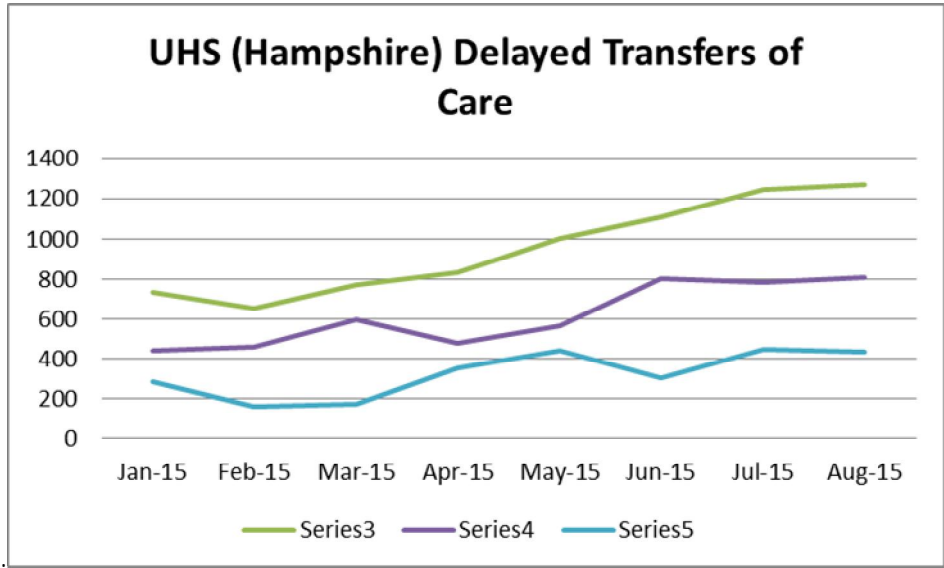
Performance – Ambulance Conveyance

3.3 Performance for the whole of South Central Ambulance Trust is shown below – this is not produced at SRG level. Members will note deterioration in June and July in Red 8 performance improved slightly in August but deteriorated in September. The SW SRG is working with partners systems across Wessex to understand the impact of ambulance handover delays in the south east of the county on total waits in the SW system.

Patient Standard	Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug 15	Sept 15
Cat A calls within 8 minutes - Red 1	75%	75.54%	71.41%	75.54%	76.67%	75.59%	72.70%	67.75%	71.67%	68.74%
Cat A calls within 8 minutes - Red 2	75%	76.75%	75.30%	76.54%	76.54%	76.14%	74.54%	70.87%	75.00%	75.00%
Cat A calls within 19 minutes	95%	96.09%	95.86%	95.69%	95.66%	95.22%	94.43%	93.65%	71.82%	70.89%

Performance – Medically fit patients who are delayed transfers of care

3.4 This issue is one of key concern to the SRG, and is the highest system risk for the winter. The system has collectively agreed we need to support 26 patients with “complex” discharges a day to leave UHSFT, and to be supported in an appropriate environment, and we are not achieving that. Numbers of patients delayed, and the bed days associated with that, have increased significantly, and have continued to increase since the last update to HASC



Series 3 - DTOC (Total)
Series 4 - DTOC (Health)
Series 5 - DTOC (Social Care)

Area	Metric	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Bed Days Lost, Total	DTOC (Total)	731	652	774	833	1003	1110	1243	1273

4. Actions to improve performance and patient care, and maintain sustainability

4.1 Accelerating programme of work to reduce medically fit patients who are delayed

In light of the information shared above, the SRG has required all organisations to accelerate the work of the discharge programme. We have required all organisations to commit to delivery of additional actions and capacity (including specifically implementing choice policies, discharge to assess capacity etc) at twice the speed planned in the Whole System Action Plan. This is being overseen by weekly meetings.

4.2 Whole System Action Plan

The SRG has a fully developed whole system action plan which includes all the actions required by the system to improve performance and sustain services, and has clear accountabilities for each system. There are five workstreams within this:

- a) Capacity planning
- b) Operational Resilience
- c) Urgent Care Network and Models of Care
- d) In Hospital Care

- e) Complex Discharge.

4.2 High risks and issues identified for Winter 2015/16

There are three principle risks identified for Winter 2015/16, which all have full action plans and where appropriate are underpinned by contractual performance notices. These are in relation to:

- a) complex discharges and in particular the availability of packages of care within social care
- b) performance and workforce challenges within the Out of Hours service
- c) ED performance at UHS and in particular slippage on a number of key actions within the RAP

4.2(a) Actions being taken to address complex discharges and in particular the availability of packages of care:

- Pan Hampshire risk summit with attendance from all parties to agree what action can be taken to return to the trajectory submitted as part of the risk sharing agreement, and in particular, address gaps in domiciliary care packages was held and is the subject of a separate paper to HASC by Karen Ashton
- The SRG is committed to ensuring that discharge ahead of midday for simple discharges, and the key metric of 26 complex discharges a day from UHS is achieved
- We have appointed a manager to oversee the Integrated Discharge Bureau at University Hospital Southampton, jointly appointed and managed by UHS with the support of all partners
- The family choice policy has been implemented. Support is needed from all organisations to embed trusted assessment.
- A 'Home for Lunch initiative' is in place to speed up the pace of discharges, noting that the key flow metric the system manages is discharge before 2pm, in order to maintain flow across the system

4.2(b) Actions being taken to improve OOH performance

- A full RAP is in place and a Board to Board was held with all CCGs

Actions being taken to address ED performance at UHS

- UHS are continuing to focus on three key priorities – specifically relating to the need to move workforce staffing rotas to appropriately match patient demand, with changes to the rota to ensure 24/7 consultant presence 4 days a week successfully completed in November
- The CCGs are working with UHS to ensure they are assured that capacity planning for the winter is adequate, and elective and urgent care plans are aligned

4.3 Preparing for Winter 15/16

There is a well-established Operational Resilience Group (ORG) in place that leads on seasonal planning and reports to the SRG. Each provider has submitted their winter plans for 2015/16

and these have been shared with the ORG in order to ensure that everyone is aware of each other's plans and actions. CCGs are working together now to assess any key risks within these plans, and ensure any appropriate actions are taken

A key development for 2015/16 has been the introduction of SHREWD (Single Health Resilience Early Warning Database) by both West Hampshire and Southampton CCGs on behalf of the local system for a one year trial. This will enable a flow of information through the local system and to identify issues and trends earlier and to automatically send alerts when triggers have been reached.

Michaela Dyer, Director of Commissioning, West Hampshire CCG

On behalf of South West Hampshire System Resilience Group