ACH/18/83
Health and Adult Care Scrutiny
22 March 2018

WINTER PRESSURES

Joint Report Head of Adult Commissioning (Devon County Council) and Health and Director of Strategy (South Devon and Torbay CCG and NEW Devon CCG)

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 This report is designed to provide a picture of how Health and Social Care services performed over the winter months for 2017/18.

2.2 It is not intended as an exhaustive performance report – as a whole wealth of information was published on a weekly basis nationally.

3. Background

3.1 Before we cover a range of topics, it would be opportune to highlight the role that NHS and social are staff played over winter, particularly during one of the coldest periods in the UK early March.

3.2 There were instances of staff going above and beyond to keep services running. For example, many staff slept in hospitals and GP Practices overnight so that they could ensure they were at work to see patients and service users, a GP travelled by tractor to see patients, and a community nurse used her husband's quadbike to reach those in need. This was in addition to the many staff who worked longer shifts, others who slept on sofas between shifts, and those went in to work support their colleagues even though they weren't due in.

3.3 We also saw tremendous efforts by our staff and providers to maintaining services to vulnerable people in their own homes and in care homes.

3.4 The support of volunteers across Devon was also invaluable, with people transporting staff to and from work in 4x4s and farm vehicles. Without them, it would have been much more difficult. The community spirit and togetherness shown by everyone was fantastic to see.

3.5 Therefore, it would be opportune for the Committee to recognise the fantastic effort by all NHS and social care staff, as they showed huge commitment, professionalism and conscientiousness to keep services running during winter, supported by kind-hearted volunteers.

3.6 This report highlights that there was high demand across the whole health and care system. There was a national decision, taken by NHS England, to postpone non-urgent treatment.

3.7 The report also highlights that there was a challenging flu position – however Devon was able to vaccinate more at risk groups and more staff than last year.

4. Preparation

4.1 In Devon planning for winter was undertaken at a number of different levels:

- **Organisational level** – each provider developing their own surge and capacity plan, and internal escalation.
- **Local community level** – reflecting Southern, Western, Northern and Eastern localities. This reflects patient flow around the acute trust locations and includes local partnerships between acute, primary and community health care, social care and the voluntary and community sector.
- **Clinical Commissioning Group** (CCGs) and **Devon** system, where there is a need for wider co-ordination, escalation, flu planning, etc.

4.2 Preliminary plans were submitted to NHS England in August, addressing areas of shared concern and gaps in assurance. Additional funding was awarded to the NHS as a consequence of the Autumn Budget, which was used to increase capacity where possible and enabled communities to escalate some of their development plans.

4.3 Guidance was provided by the NHS England on expectations about reducing elective activity in hospitals and this was revised and escalated after Christmas with the acute hospital trusts in Devon needing to re-prioritise work and cancel some elective activity during January 2018. This also had a resulting impact on waiting times for elective care.

4.4 During the summer and autumn significant whole system planning went into efforts to reduce delayed transfers of care from hospital in Devon in response to a national policy initiative and Better Care Fund targets with numbers reducing by half between June 2017 and November 2017. This closer joint working has continued into the winter period and although numbers have increased they remain below levels experienced last winter.

5. Predicted risks for the Devon communities

5.1 An important element of the planning was to identify the key risk areas for the community and create mitigation for these where possible to do so. In reality, there were some challenging issues, despite rigorous planning.

5.2 Influenza

5.2.1 Public Health England led the planning in relation to flu and advised that there was significant risk to vulnerable groups of the population based on the trajectories of the southern hemisphere flu figures. Targeted work in relation to increasing flu vaccines to older people, pregnant women and children, as well as our own staff groups (including home care and care home workers) were a priority. Local plans to issue antivirals in the event of flu outbreaks were also revised.

5.3 Domiciliary care capacity

5.3.1 Some people being discharged from hospital to home require domiciliary care in the short or longer-term to support them. Depending on their

circumstances, this may be funded by the local authority, by the NHS or be self-funded. Arranging an appropriate package of care may be delayed because of challenges regarding access (e.g. making arrangements over a weekend) or sufficiency (e.g. identifying appropriate capacity in that geography.) Sufficiency challenges are mainly related to workforce recruitment, retention and absence with the scale of the challenge varying geographically and being the focus of our nationally recognised 'Proud to Care' campaign and other initiatives.

5.3.2 Although overall demand does not increase in the winter period, flow can increase meaning more packages beginning, ending and changing with the additional logistical challenges that presents. This can be further compounded by adverse weather and staff absence due to influenza and other seasonal illness.

5.3.3 The number of packages of care for people waiting to be discharged from hospital that the local authority's brokerage teams are unable to allocate is approximately half the rate of last winter. No one in Devon is left unsafe and where provision is unavailable from the provider market (approximately 2% of total demand at any one time); contingency arrangements are made to that ensure their need is met, which in some instances will mean people staying in hospital.

5.4 Care home capacity

5.4.1 Although our priority across the health and care system is to support people at home wherever possible, there are circumstances when residential or nursing care is the best solution in the short or longer-term. Again, depending on their circumstances, this may be funded by the local authority, by the NHS or be self-funded and making suitable arrangements can be delayed due to access or sufficiency reasons.

5.4.2 While our assessment is that currently overall there is sufficient capacity in the market in Devon, and overall demand tends to reduce somewhat during the winter period, there can be pressures in particular geographies for provision that meets specific needs at certain times. The development of this market as population needs change (with greater complexity relating to frailty, dementia and other conditions associated with old age) is an ongoing priority.

5.5 Primary care

5.5.1 As elsewhere in the country, there was concern about the capacity of primary care. NHS England explored options early on for supporting primary care. Examples included alternative home visiting schemes using paramedics, Devon Doctors offering remote triage for practices and services such as 111 offering alternatives to care home and community based staff (nurse, paramedics etc.)

5.6 Workforce

5.6.1 As elsewhere in the country, the availability of clinical and operational staff was a challenge for all providers. Staffing for new services such as care home visiting schemes, acute assessment units and frailty services placed pressure across all of the system as there was requests for additional capacity targeted on seven day working, intermediate care, and 'front end' assessment capability. This was in addition to the extra capacity required for domiciliary care and care homes as well, in order to meet the extended length of stay and recovery times for our older frail population. Many organisations

paid for additional staff at their own financial risk to provide support and increased capacity, allowing for any increases in staff sickness.

6. The winter experience

6.1 Rigorous planning for winter took place across the Devon system. This has been an extremely hard winter for all partners in the Devon health and care system.

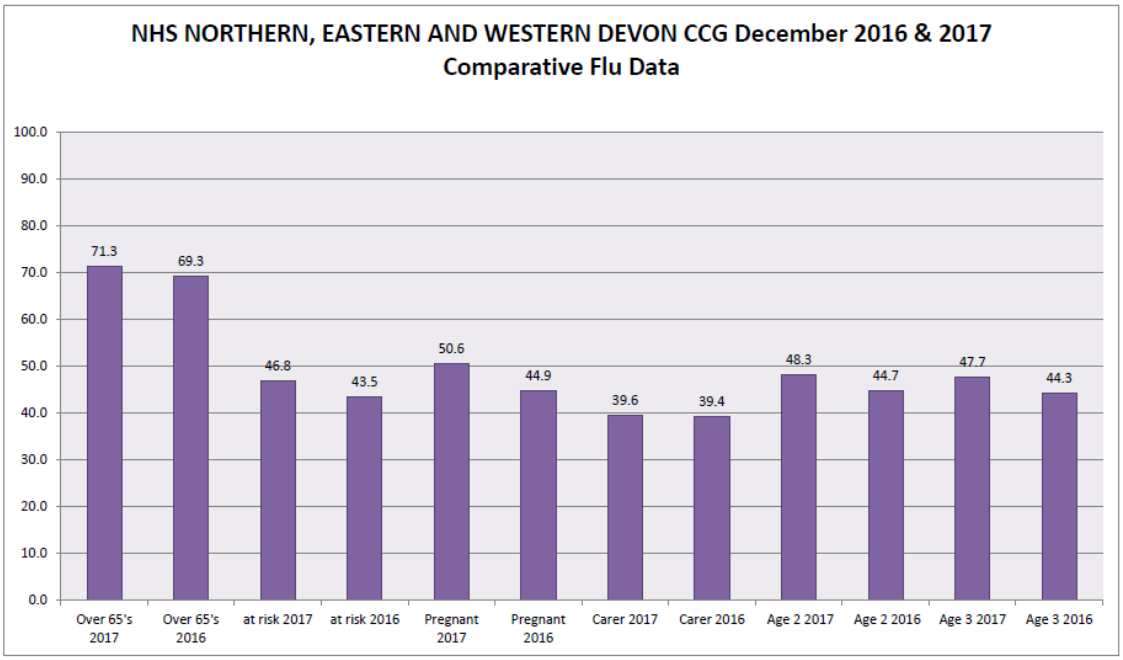
6.2 Activity levels have been higher than local and national predictions in some areas and levels of illness, especially in relation to our frail elderly population and infections (flu especially) have been challenging.

6.3 As elsewhere in the country, service capacity has been challenged across health and care services and Devon has been no different. We have seen some good performance against the national standards in some communities, but other areas where the pressures have impacted on performance. The ability to reduce delayed transfers of care at Royal Devon and Exeter Foundation Trust and Plymouth Hospitals NHS Trust have been impacted, but figures are starting to improve, as delays are reducing.

6.4 As elsewhere in the country, Influenza has had a significant impact on our system this year, levels of which are still fluctuating, but still not resolved. Gastroenteritis type illnesses were also prevalent, but did not create overwhelming infection control issues for the systems.

6.5 Activity levels were up across the system in almost all services.

6.6 Flu vaccination uptake has improved this winter, in comparison with previous years and there was good uptake for pregnant women and children, in particular.



6.7 As usual with winter, high levels of respiratory illness were prevalent, which had adverse impacts on intensive and high dependency capacity, which resulted in a challenge for meeting key performance indicators.

6.8 The table below describes the local community escalation scale for the past few months. The scale is known as OPEL (operational pressures escalation levels). Level 1 is complete business as usual and OPEL 4 is the most heightened level, when significant operational challenges are faced. This table describes the level for the four acute hospital providers (in all but the western locality, the main provider manages both community and acute services).

Average OPEL Level										
Daily unvalidated data	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Northern Devon	1.83	2.29	1.65	1.00	1.47	1.90	2.71	1.76	1.89	2.81
Royal Devon and Exeter	1.28	1.05	1.45	1.33	1.29	2.14	2.32	2.05	2.63	3.00
Plymouth Hospitals	3.22	2.89	3.05	2.90	3.00	3.38	3.09	3.15	3.65	3.76
Southern Devon and Torbay	1.53	2.81	1.62	1.05	1.64	2.57	1.82	1.68	2.58	3.09

6.9 The escalation levels are calculated at least daily against a set of triggers and generate a set of specific actions for each Trust to enact until the system reaches more manageable levels of workload. This table demonstrates that for much of the December and January period communities were working at the higher level of intensity, but were nonetheless managed well. Framework available here.

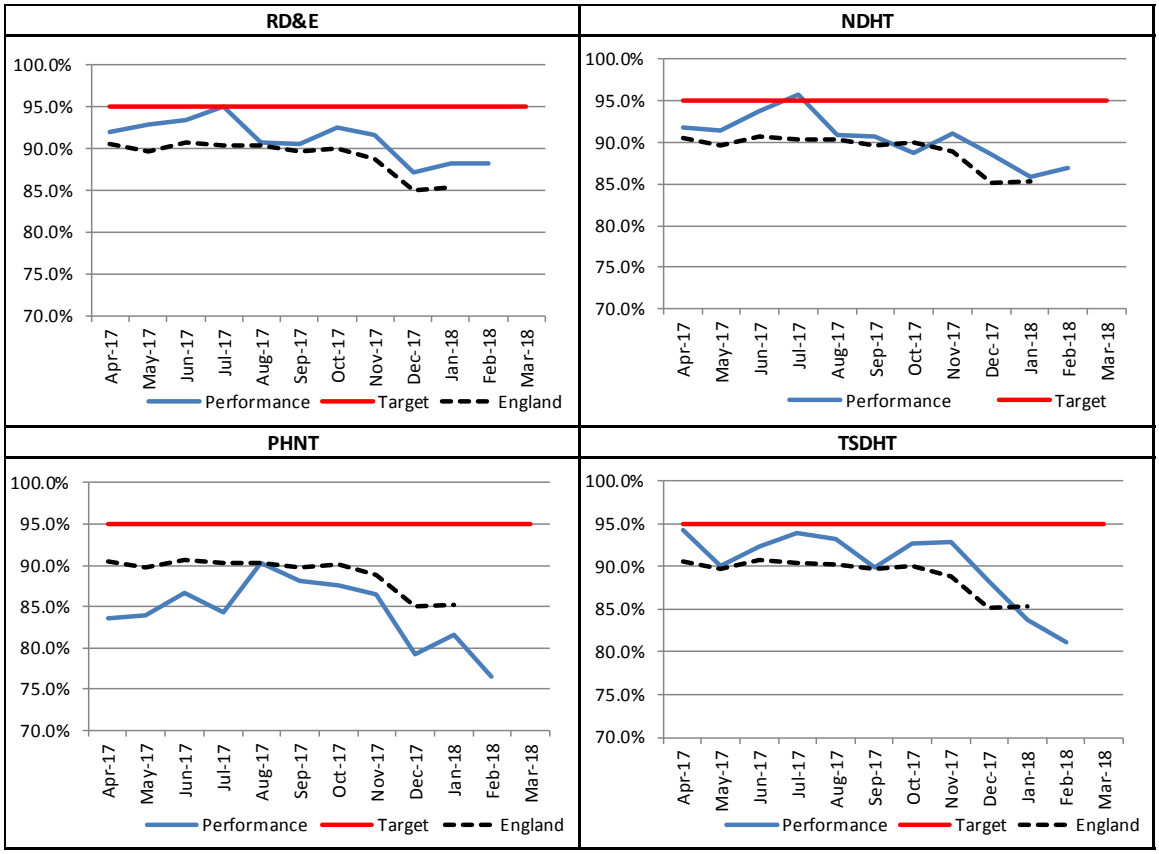
6.10. SWASFT activity & performance levels for Devon

6.10.1. South Western Ambulance Services Foundation Trust (SWASFT clinically differentiated call response times, and introduced additional clinical capacity managing the queues. However the increase in ambulance activations compared with the previous year, continued to impact on response rates.

6.10.2 Integrated urgent care (111 and out of hours) has seen a month on month increase in calls. Nationally and locally the use of 111 increased by 16% (over nationally predicted levels). In part, this may be a result of our local winter communications campaign that included reminding the public that 111 is an option.

6.10.3 All of the acute health service providers experienced a reduction in their A&E performance over the winter.

6.11 A&E performance by acute trust



6.11.1 The system-wide communication campaign appears to have had a positive impact on people using alternatives such as pharmacies, 111 services and minor injury units. We are currently evaluating this activity and the impacts that it had on behaviour and can make this available once complete. During the winter communications campaign for Devon, we know:

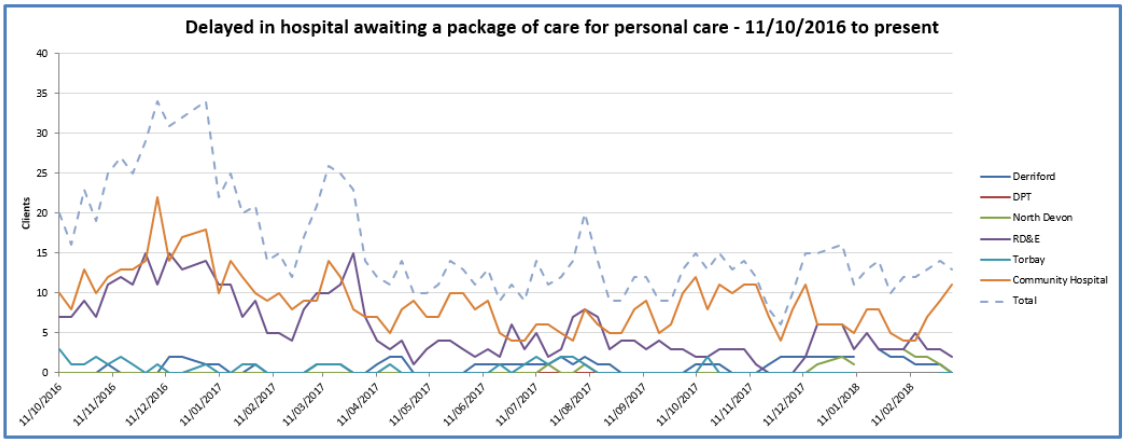
- More than 200,000 people were reached through planned newspaper advertising and advice
- More than 100,000 people were reached through planned pharmacy advertising
- More than 350,000 people were reached through planned radio advertising
- Nearly 500,000 people were reached through planned online advertising, social media and videos.

6.11.2 The biggest challenge for all areas was the need to keep the flow of patients through the system at an optimal level. Each area concentrated their efforts and saw an improvement in their ability to track and predict the expected capacity requirements, as patients care needs changed. However, the pressure on the availability of domiciliary care in particular, created delays as even with better intelligence, services were not able to increase capacity at the rate needed to keep up with demand. Health and social care worked extremely well everywhere to minimise delays, but these still occurred.

6.11.3 The potential for unfilled packages of domiciliary care and the impact on flow and delayed transfers of care were a significant concern going into the winter period. Over 3600 people receive domiciliary care every day in Devon and on average no more than 1% of packages were unfilled, which was a much

better performance than anticipated. In most instances, the delays were around complex and/or large packages of care, (i.e. needs where individualised training was needed or high levels of input needed – 'double ups' and multiple daily visits) and contingencies were put in place to keep people safe.

6.11.4 The number of people in hospital waiting for Devon County Council to arrange a package of personal care this winter (November 2017 to February 2018) has been approximately half the number experienced in the previous winter (November 2016 to February 2017). The proportion of delayed transfers of care attributable to adult social care has also been running at approximately half of the national average during the same period. There have been similar reductions in the number of people living in their own home waiting for a package of personal care, and those requiring contingency cover by the Social Care Reablement or Rapid Response Services have also significantly reduced, while numbers in temporary residential care placements are similar to last year.



Trend in data for past 13 weeks

Date	Derriford	DPT	North Devon	RD&E	Torbay	Community Hospital	Total
05/12/2017	2	0	0	0	0	8	10
12/12/2017	2	0	0	2	0	11	15
19/12/2017	2	0	1	6	0	6	15
02/01/2018	2	0	2	6	0	6	16
09/01/2018	2	0	1	3	0	5	11
16/01/2018	0	0	0	5	0	8	13
23/01/2018	3	0	0	3	0	8	14
30/01/2018	2	0	0	3	0	5	10
06/02/2018	2	0	3	3	0	4	12
13/02/2018	1	0	2	5	0	4	12
20/02/2018	1	0	2	3	0	7	13
27/02/2018	1	0	1	3	0	9	14
06/03/2018	0	0	0	2	0	11	13

Data Categories

- In Hospital awaiting PoC: Delayed in hospital awaiting commencement of a regulated personal care service in their homes

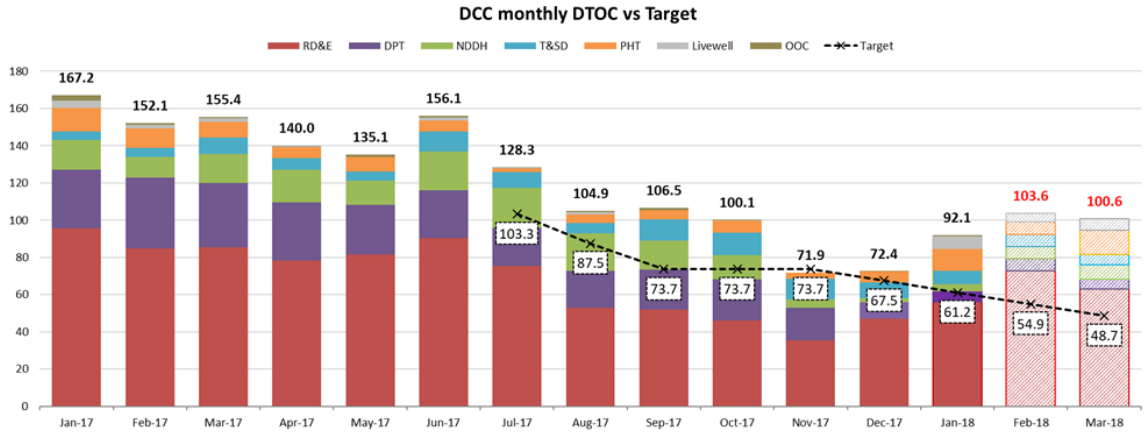
7. Key performance indicators

7.1 The NHS and local authorities are in a challenging position in relation to the two main performance indicators, which are a test of the health of the urgent care system and the robustness of integrated working.

7.2 There is a requirement for the acute services to deliver a target of at least 90% of all people having their care completed in emergency departments within four hours by October 2017 and then this rising to 95% by the end of March 2018. Whilst good progress was made towards this by the October deadline, the challenge of the work load for the winter period (as experienced in many other parts of the country) means that this target will be a challenge for all providers.

7.3 The second key quality indicator is that of delayed transfers of care. The target for all of our communities is that no more that 3.5% of all acute beds should be occupied by people who are fit to go but are unable to because of other factors. The southern and northern acute delays are well within the England average and there was a positive downward trend for western and eastern, but these have reversed in January.

7.4 Delayed transfers of care were at lower levels this winter across the county than last winder. See chart below.



8. Early lessons for ongoing surge and escalation planning

8.1 Although still in the winter period, we are already looking towards the next periods of escalation. The next bank holiday period will be Easter and as a four day holiday period this is always challenging. A communications campaign for Easter has been prepared and local advertising will shortly be underway.

8.2 Easter falls at the very beginning of April and the ongoing winter pressures and continued presence of flu and respiratory illness in the system means there will be little respite or chance to recover before moving toward the next peak.

8.3 Winter debriefs have taken place and learning is being collated in each area. Emerging themes include:

- Need to increase and stabilise domiciliary care capacity
- Need to improve our ability to predict our needs so that we can be prepared for the next stage in care. This is especially important in enabling our community services, home care and care capacity to be planned so they can respond quickly and according to need.
- Enhanced support needed for care homes to manage their frail residents.
- Need increasing support to sustain our primary care capacity.

9. Summary and conclusion

9.1 This has been a particularly challenging winter for health and care in all areas of the country, but planning was thorough and as a result, limited the worst potential impacts.

9.2 We will incorporate our learning, and that of other colleagues and communities, into our local resilience planning to continue to improve our response to surges in demand for health and social care.

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER	DATE	FILE REFERENCE

Nil