ACH/19/112
Health and Adult Care Scrutiny
18 June 2019

WINTER PRESSURES 2018/19

Joint report of the Joint Associate Director of Commissioning (Devon County Council and NHS Devon CCG) and (Interim) Director of Commissioning – Northern, Eastern and Southern Devon (NHS Devon CCG)

1. Recommendation

1.1 Scrutiny to note content of the Report.

2. Purpose

2.1 This report provides an annual update to report ACH/18/87, presented to the committee on 7th June 2018 on the performance of the health and care system during winter 2017/18.

2.2 The first section reviews activity and performance over the winter period of October 2018 to March 2019 and provides a comparison to the previous year where available.

2.3 The second section provides a summary of the winter review held by the multi-agency Devon Accident and Emergency (A&E) Board in May 2019. This summarises what went well and what could have been improved, which informs the priorities for winter planning in 2019/20.

2.4 The report looks at performance in 3 areas:-

- Pre-admission to hospital
- Hospital performance
- Discharge and post hospital

And a summary dashboard of key indicators is below with more detail contained in the body of the report

Pre-admission	Hospital Performance	Discharge and post-hospital
111 / 999 demand 	Emergency admissions N  E  W  S 	Delayed transfers of care (average Oct – Dec) N **3.3%** E **7.4%** W **2.9%** S **4.7%**
A&E Attendances N  E  W  S 	Length of stay N  E  W  S 	Social care assessments waiting 
Ambulance incidents 	Elective operations cancelled 	Social care assessments completed within 28 days 
A&E performance (4hw) March ’19 position N **79.5%** E **87.5%** W **70.9%** S **79.1%**	Cancer waiting times – 2 week wait STP **89.5%**	Unallocated packages of care 
Out of hours primary care demand 	Cancer waiting times – 62 day target STP **72.4%**	Personal care market workforce vacancies 
18 ww referrals STP **80.5%**	Diagnostics within 6 weeks STP **10.5%**	Long-term residential and nursing care placements 

3. System changes and improvements in 2018/19

a) This section summarises the improvements that have been made across the system since winter 2017/18. It summarises how we have delivered the priorities and areas of improvement from previous report.

b) This section also describes other changes and improvements within the system that have contributed to improved flow and demand across the urgent and emergency care system.

3.1 Pre-admission

3.1.1 Within this theme we also describe the elements of the urgent and emergency care system patients come into contact with prior to hospital admission. 'Pre-admission' also describes our efforts to support the population to remain as healthy as possible, activate them to self-care when safe and appropriate to do so, and how we are influencing the choices and decisions they make.

3.1.2 The 2018/19 winter developed communications plan is a system-wide plan for Devon with partners who also promote and market materials across their own channels. The messages focus on encouraging flu vaccination uptake, staying healthy and signposting to appropriate services, with a focus on helping to keep the elderly or those with long-term health conditions out of hospital.

3.1.3 The campaign followed a themed week by week approach. The campaign launched with a local media briefing, featuring public health, ambulance service, acute trusts, primary care and pharmacy representatives. The coverage featured on BBC Spotlight, ITV Westcountry, Heart FM, Devon Live and Radio Exe.

3.1.4 One of the areas with the most significant impact in the 2018/19 Devon winter campaign was the #ThumbsUpForCoby campaign. Communications teams worked closely with a Devon family who lost their 9 year old son Coby to flu last year. The campaign encouraged parents to ensure their child had the flu vaccination and reached more than a million people right across the country through the use of social media, support from local media and 50,000 printed postcards. It was picked up by other NHS organisations and local authorities from across the country.

3.1.5 Other elements of the system-wide communications and marketing campaign focused on promoting the following services:

- 111 (including the online service)
- eConsult (online GP consultations)
- Extended GP access (evening, weekend and bank holiday routine GP appointments)
- Pharmacy services
- HANDi paediatric app

3.1.6 These featured heavily on social media, broadcast TV and radio, and local media. The Devon campaign has been recognised by NHS England and Public Health England as an example of good practice.

3.1.7 As a precursor to the launch of our Crisis Café model, a Crisis Café type service was available within Torbay, providing individuals experiencing a mental health crisis with an alternative to admission to an emergency department.

3.1.8 111 online was launched, providing patients with access to urgent healthcare and self-care advice and information online.

3.1.9 Improved access to primary care went live from the 1st October 2018, providing 100% of our population with access to primary care services at evenings and weekends

3.1.10 Online consultation (eConsult) went live in over 50% of our practices, offering patients remote access to primary care support and advice.

3.1.11 Reception staff across primary care trained to provide enhanced signposting to support patients in accessing the services most appropriate to meet their needs.

3.1.12 Additional funding to 999 delivered additional clinical resource to the hub over winter, providing enhanced hear and treat and welfare calling.

3.1.13 A number of schemes launched to provide care homes with additional support, including: education and support; dedicated pharmacy technicians to support medicines optimisation; and GP Early Visiting schemes.

3.1.14 From November, the newly launched Digital Minor Illness Service helped reduce demand on primary care and ED by referring 422 patients to community pharmacy for support, treatment and advice.

3.1.15 Winter revalidation processes through Devon Doctors downgraded 179 of 189 (95%) calls to 999, reducing the number of ambulances sent to unnecessary calls during peak times.

3.1.16 Between the 1st November and 28th February DDOC processed 1,510 calls through the National Urgent Medicine Supply Advanced Services (NUMSAS) system that would otherwise have been triaged through the OOH service.

3.1.17 Resource planning and robust application of a leave embargo provided an additional 35,000 resource hours per week across the SWASFT (ambulance service) footprint over Christmas and New Year.

3.1.18 Across Devon we ran a number of schemes looking at frequent users of local health services. Focussed on differing cohorts, these approaches aimed to support individuals to take ownership of their health and wellbeing whilst decreasing their dependency upon unscheduled care services.

3.2 In-house performance

3.2.1 Within this theme we describe our efforts to improve the performance of, flow within and capacity of in-hospital care.

3.2.2 Through use of £293k of winter monies we provided additional support to patients in the Eastern locality to provide early supported discharge for stroke and respiratory patients, resulting in reduced lengths of stay and savings in 300 bed days.

3.2.3 All of our providers have enhanced their same day emergency care offers, ensuring increasing numbers of patients presenting at hospital can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will return home the same day their care is provided.

3.2.4 All of our providers actioned a range of plans for improvements to in-hospital care, including such schemes as opening additional escalation beds; increased opening times for ambulatory facilities; redesigned GP expected pathways; individualised support to frequent attenders; prioritising focus of mental health resources to support in ED.

3.3. Discharge and post-hospital

3.3.1 Within this theme we describe our efforts to improve the processes through which patients are discharged from hospital. This includes the planning of ongoing treatment and the support and care provided when returning home or being discharged to another place of residence.

3.3.2 Via our Partnership Management Team, health and care commissioners worked closely with our three primary providers of personal care to agree our priorities for winter 2018/19 in the form of an impact assessed action plan. This process identified 4 collective priorities:

- Guaranteed hours (5 pilot areas)
- Use of Technology Enabled Care Services (TECS) to support more efficient ways of working
- Processes to review people in receipt of care
- A RAG rating system to identify time critical care in the peak periods

3.3.3 Our most significant investment of winter monies in 2018/19 was to support guaranteed hours contracts to provide increased domiciliary care capacity and address a recruitment and retention issues within the workforce. Despite our efforts, our 5 pilot areas failed to deliver sufficient capacity to meet demand, with the number of people awaiting timely care peaking, at an all-time high for Devon, at 200 in December.

3.3.4 Additional capacity went some way to reduce the time spent by the Rapid Response and social care reablement teams backfilling care packages and supporting discharge activity, in turn freeing up capacity for admissions avoidance.

All providers stepped up their ward-based processes to ensure patients were discharged from hospital as early as possible. This includes, but is not restricted to:

3.3.5 SAFER patient flow bundle board rounds (S – Senior before midday, A – All patients with an expected discharge date and clinical criteria for discharge, F – flow patients arrive on wards from 10am from ED, E – early discharge 33% by midday, R – multi-disciplinary team reviews for >7 day length of stay).

3.3.6 Trusted assessors – individuals trusted via a memorandum of understanding or similar, to carry out an assessment on behalf of another care provider to facilitate early assessment and acceptance into their service.

3.3.7 Red2Green processes – visual guide showing “red” bed days, where a stay in the acute has little or no clinical added value, and “green” bed days which show value added in acute care.

3.3.8 Daily reviews of patients with longer length of stay, particularly those over 7 and 21 days.

4 Review of Winter plans and preparation for next year

4.1 The Devon A&E Board undertook a review of winter at their May meeting. Each locality (North, East, South and West) were asked to summarise the learning from local, in-depth winter reviews undertaken by locality A&E Boards, presenting what went well, what didn’t go well, and locally agreed priorities for next winter.

4.2 As Devon-wide provider organisations, the South Western Ambulance Service NHS Foundation Trust; Devon Partnership NHS Trust; and Devon Doctors Ltd were also asked to present their experiences and learning to the Devon A&E board.

4.3 Those represented at the Devon A&E Board review included:

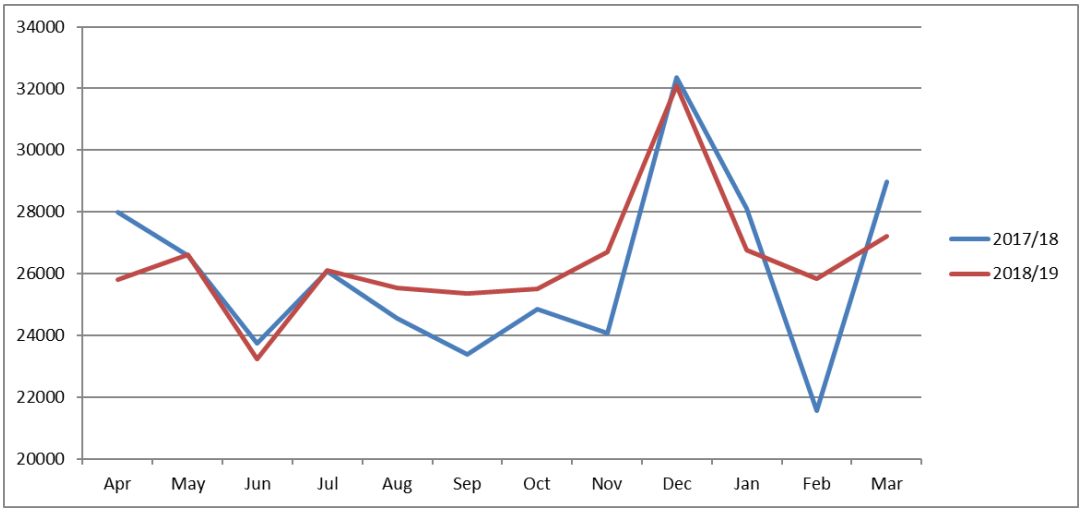
- Devon County Council Adult Social Care
- Devon NHS Clinical Commissioning Group
- Devon Doctors Ltd (DDoc)
- Devon GP Practices
- Devon Partnership NHS Trust (DPT)
- Livewell South West
- North Devon Healthcare NHS Trust (NDHT)
- University Hospitals Plymouth NHS Trust (EHP)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- South Western Ambulance Services NHS Foundation Trust (SWASFT)
- Torbay and South Devon NHS Trust (TSDT)

5 Urgent and emergency care over winter

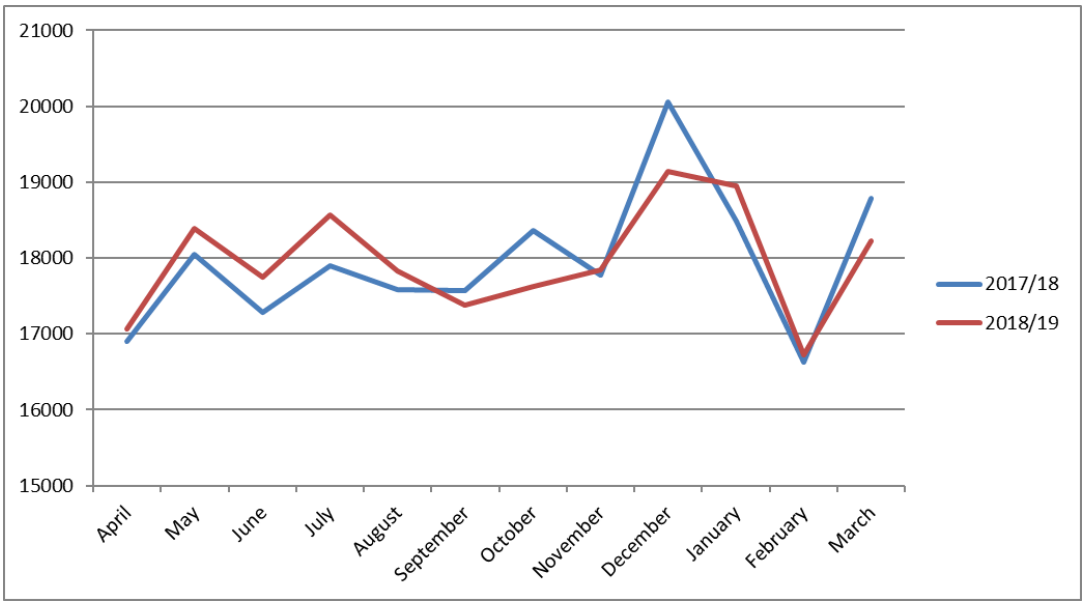
a) This section presents local information for the period October 2018 to March 2019, and is presented across three themed areas: Pre-admission; in-hospital performance; and discharge and post hospital.

5.1 Pre-admission

5.1.1 **NHS 111 and 999** are, for many, preferred entry points to the urgent and emergency system. Whilst SWASFT have reported overall demand through winter was lower than predicted, the Easter period proved more challenging than expected, with demand exceeding predicted rates by between 8% to 16%. Good weather over the Easter period and an influx of visitors into Devon contributed to this unexpectedly high level of demand during this period. Additionally, answered calls to the 111 service through Sept to Nov saw an increase of, on average, 2,300 calls per month.

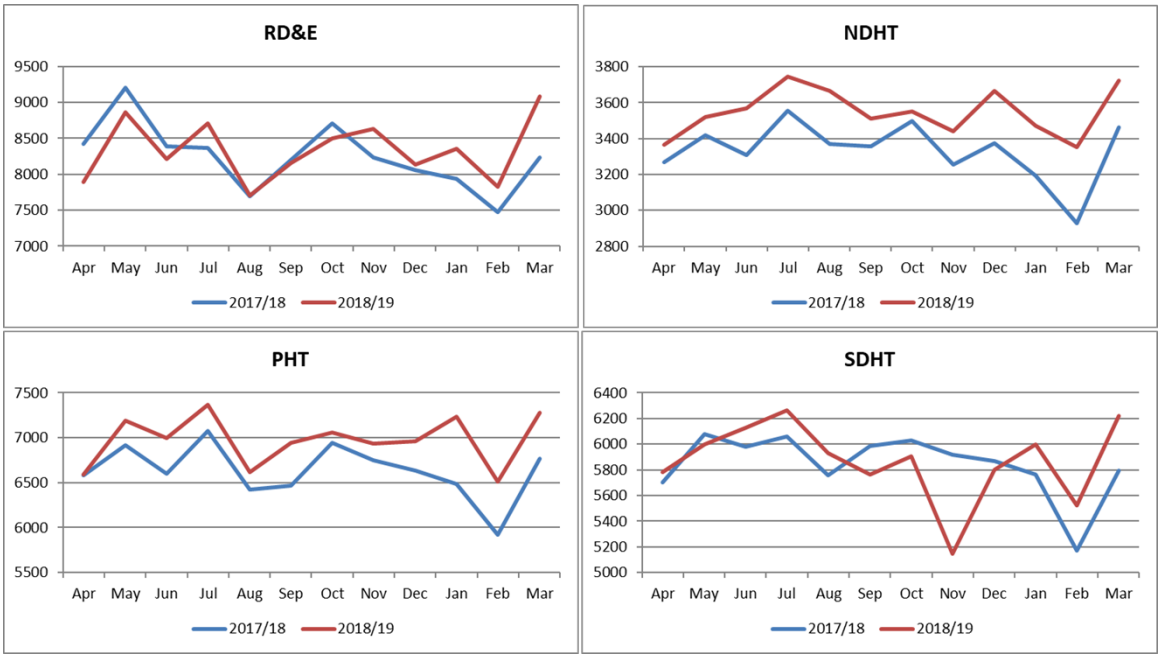


5.1.2 **Ambulance incident numbers** have fallen by 1.5% despite the increased number of calls received, and importantly, the corresponding increase in calls answered.

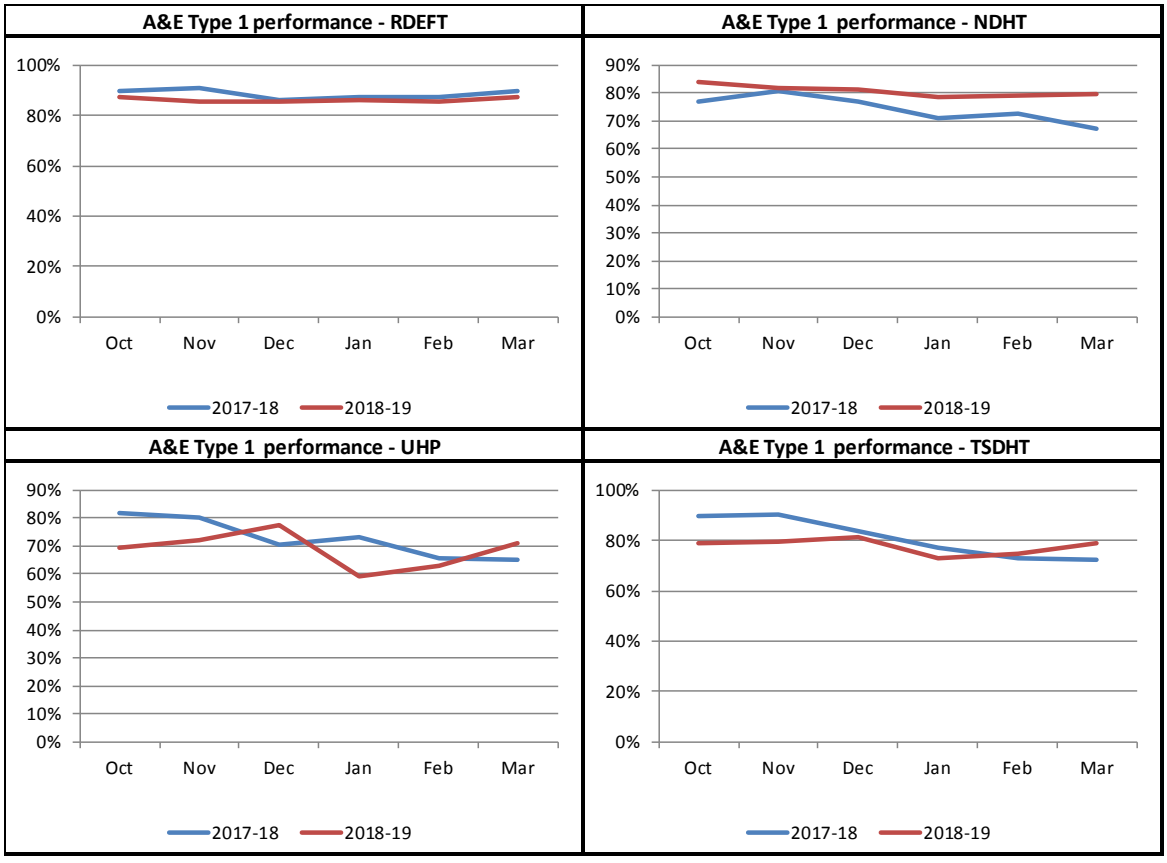


5.1.3 **A&E attendances** in the southern locality attendances at the Minor Injury Unit (MIU) in Newton Abbot rose slightly, which believe to have contributed to no increase in demand on the emergency department in the south. A knock-on effect of this is that the acuity of patients attending ED was higher and demand for in-patient beds remained high. For unknown reasons, demand fell sharply in November, returning to the previous year's rate in Dec.

North Devon saw the biggest increase in A&E attendance, with an increase of 8% on the previous year's figures. Plymouth and Eastern also experienced increased demand (6% and 4% respectively).

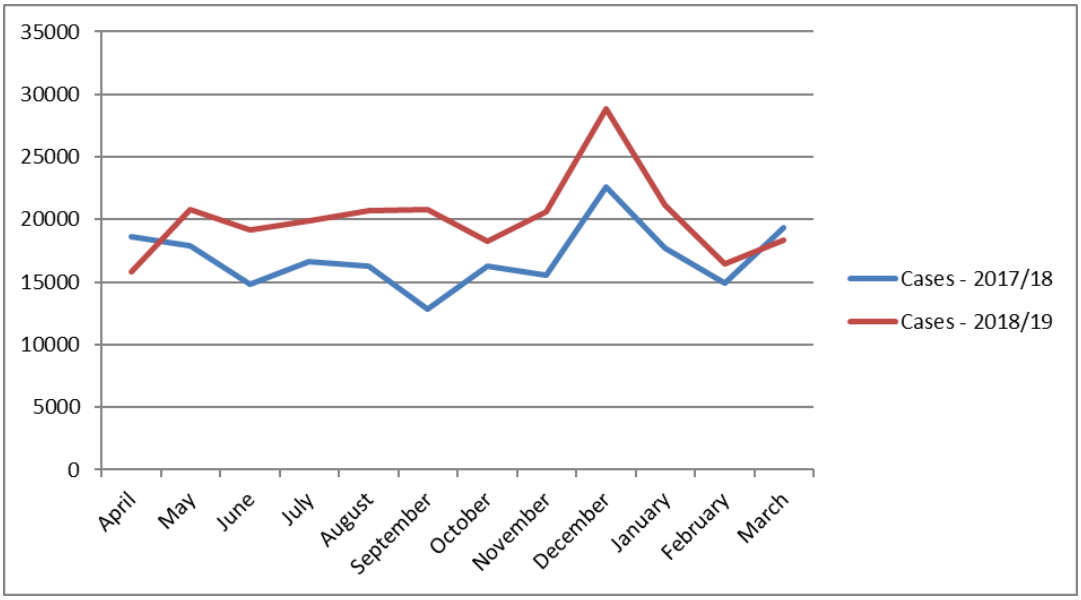


5.1.4 **A&E performance** (type 1 A&E) across all acute Trusts continues to be below the 4-hour wait standard of 95% and slightly under national performance levels. North Devon experienced an improvement in performance throughout the winter period. Out other provider's maintained performance similar to levels from the previous year.



5.1.5 **Out-of-hours primary care** demand increased by 16.1% in comparison to last winter. Whilst demand throughout the winter was higher than the previous year, it followed a similar pattern (with peaks in demand corresponding to increased demand on 999 and 111). Having experienced an overall increase in demand throughout winter, Devon Doctors ended winter experiencing a modest reduction in demand from the previous year.

5.1.6 There was a small increase in the overall number of patients seen by the Out of Hours Service at a treatment centre through winter, rising by 1.9% (818 patients).



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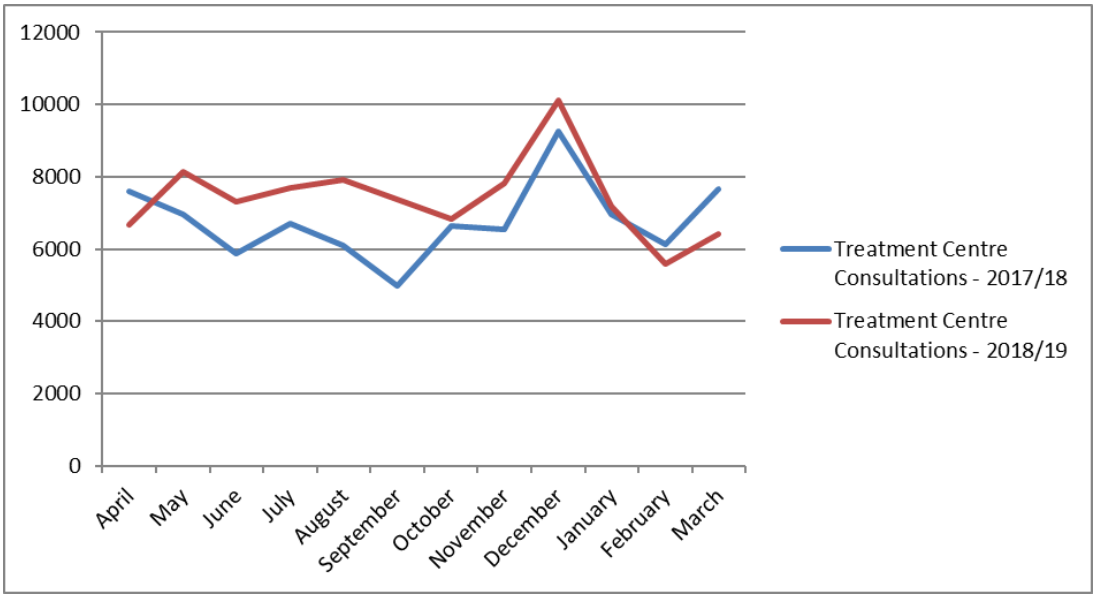
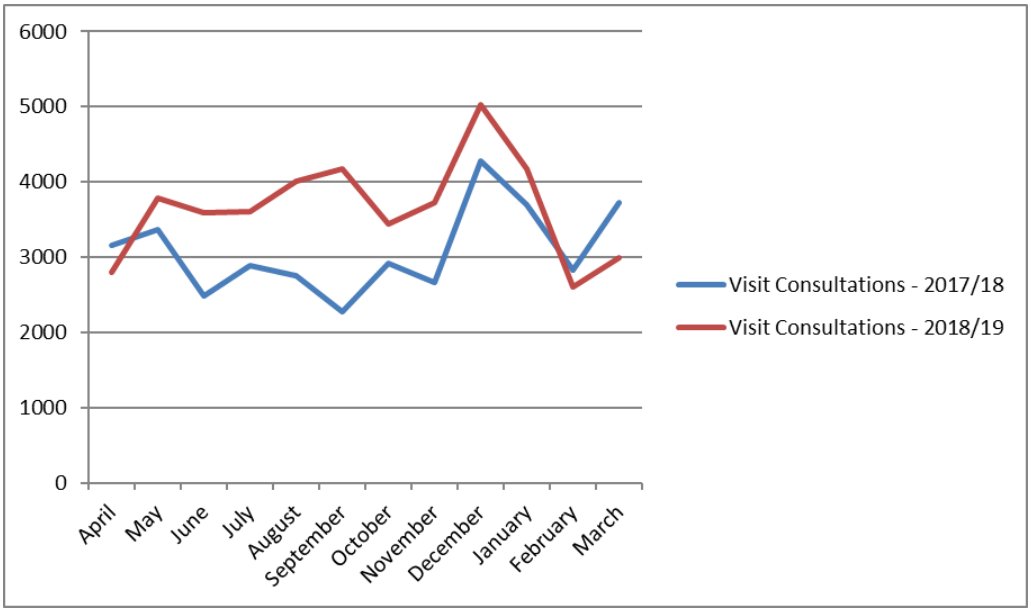
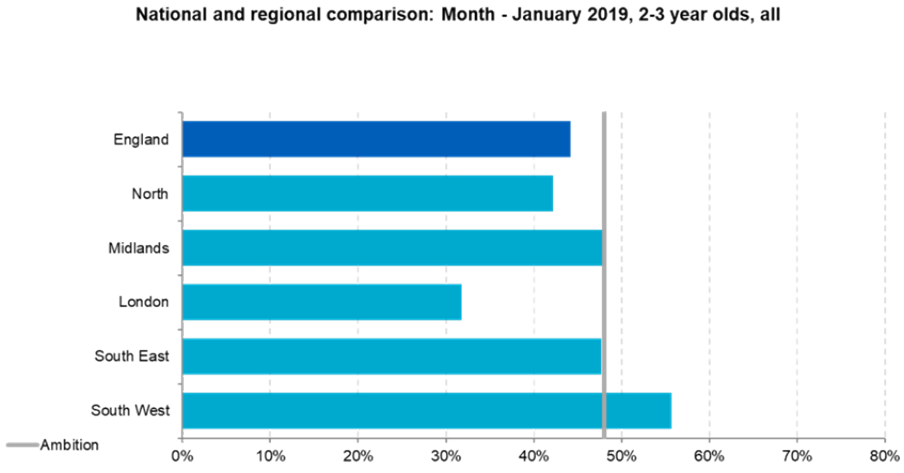


5.1.8 The number of patients requiring a visit increased more significantly, with Devon Doctors providing an additional 1,858 visits over 17/18 figures.



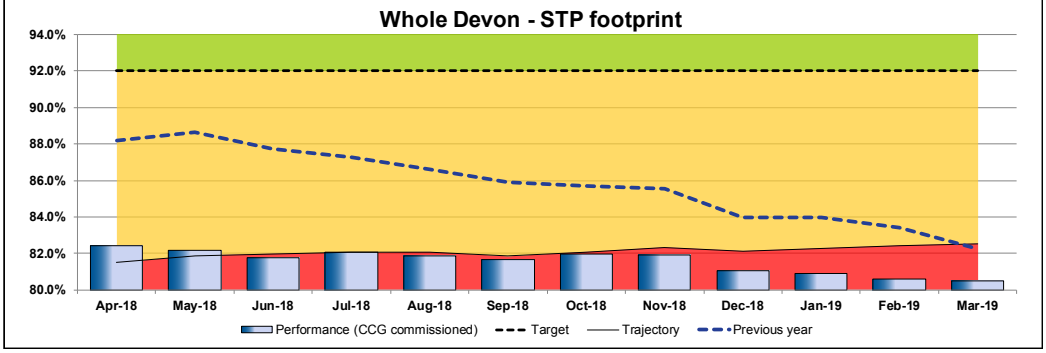
5.1.9. **Flu cases**. The two Devon CCGs have some of the highest performance in the country for 2-3 year old flu vaccinations. Vaccinations in 2 to 3 year olds in Devon by between 10% and 20% this winter (see national comparison below).



5.1.10. Referrals to treatment within 18 weeks

We continued to see a deterioration in the proportion of people being referred to treatment within 18 weeks, dropping to 80.5% by the end of the year.

STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>92%	82.4%	82.2%	81.7%	82.0%	81.9%	81.7%	81.9%	81.9%	81.0%	80.9%	80.6%	80.5%
Trajectory		81.5%	81.9%	82.0%	82.0%	82.1%	81.8%	82.1%	82.3%	82.1%	82.3%	82.4%	82.5%
NHS England		87.5%	88.1%	87.8%	87.8%	87.2%	86.7%	87.1%	87.3%	86.6%	86.7%	87.0%	86.7%
RTT total waiting list	78,364	80,395	81,178	81,526	82,273	82,971	81,428	82,049	81,429	81,483	80,089	81,661	82,913
Trajectory		77,749	78,454	78,845	78,578	79,363	78,528	78,603	77,324	76,200	75,616	75,353	74,733

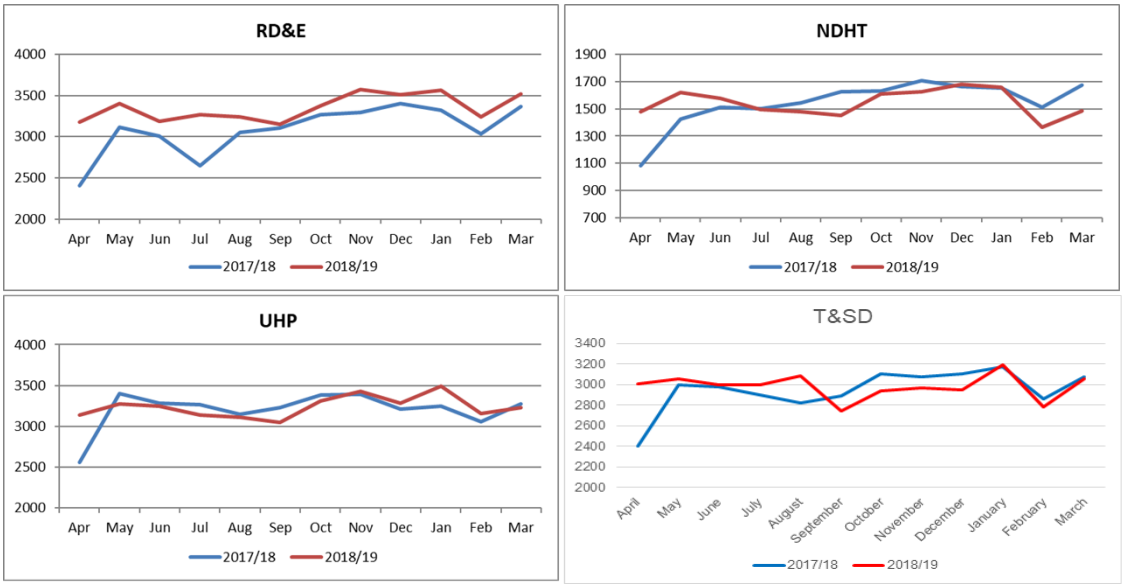


5.2 In-hospital performance

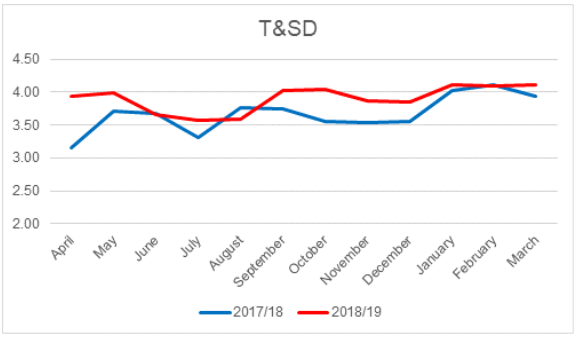
5.2.1 **Emergency admissions** to hospital fell by 351, a total fall of 1% against the previous winter's figures. Demand varied greatly, with Exeter experiencing a 6% growth against the previous winter's figures, whilst Torbay data demonstrated a 3% reduction against admissions. North Devon achieved a 4% reduction, whilst Plymouth experienced growth of 2%.

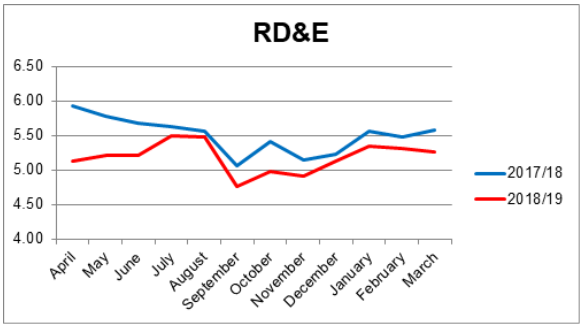
All of providers are striving to follow best practice guidance in relation to same day emergency care. As a result, there have been changes in the way in which data is captured and reporting. We have accounted for as many of these data coding chances as possible in the data presented.

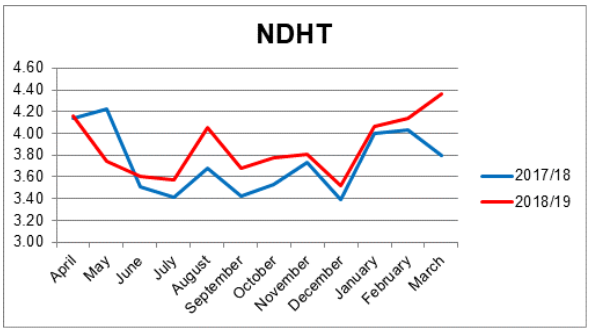
5.2.2 Despite continued gaps in primary care, to which previous increases in A&E activity have been linked, Plymouth saw only a very small reduction in A&E attendances, and a reduction in the overall rate of emergency admissions.

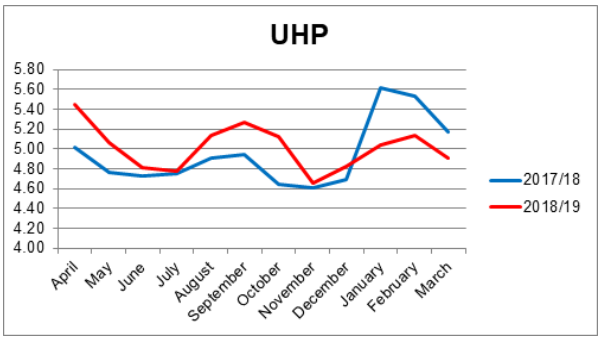


5.2.3 **Length of stay in hospital** following an emergency admission also showed an increase overall of 0.73 days on average. Ongoing use of short-term services, partial packages of care agreed with the patient's own support network, and the use of temporary residential placements continue to be used as contingency actions to support safe and timely discharge.

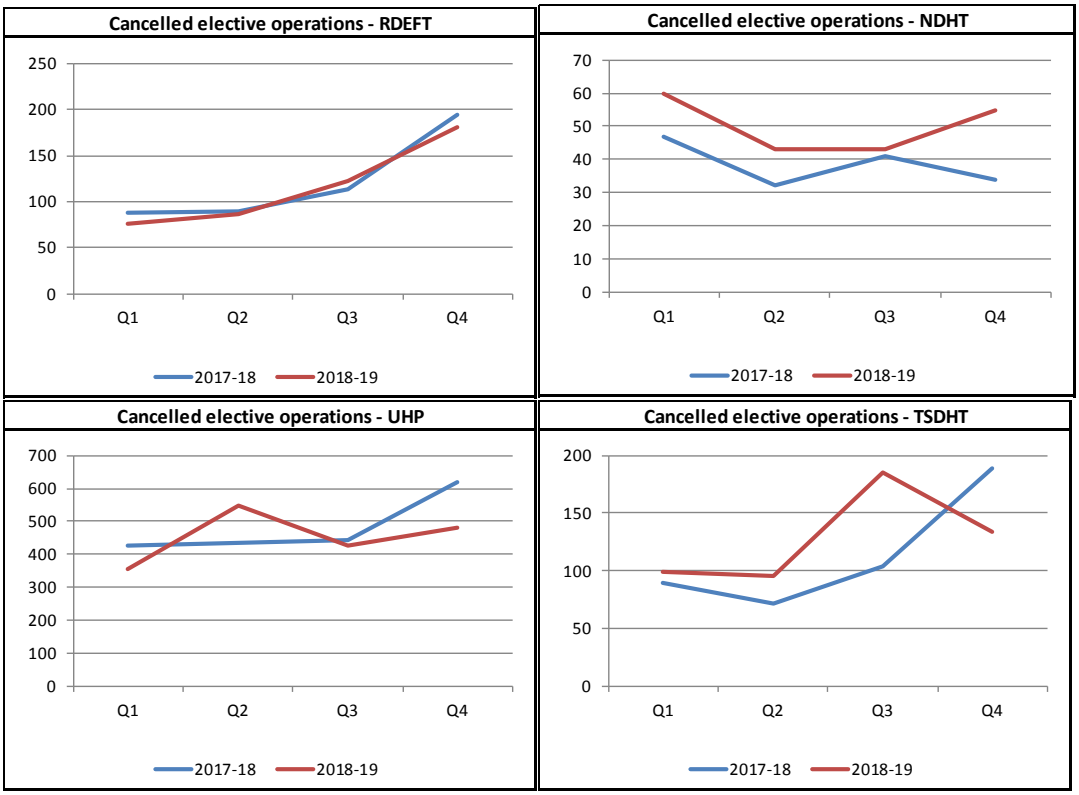






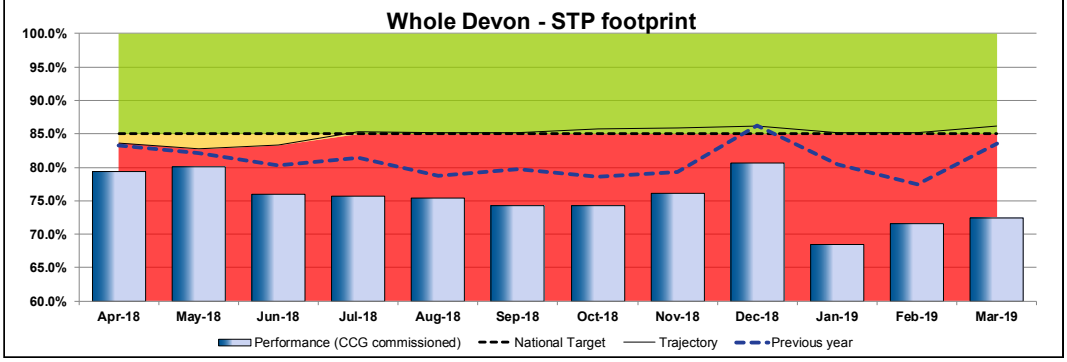


5.2.4 The number of **last-minute cancellations of elective operations** for non-clinical reasons fell by 184 during the winter period in comparison to last winter.



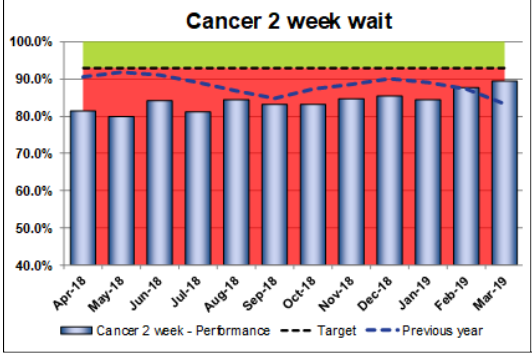
5.2.5 Performance against national **cancer waiting times** standards for first definitive treatment within **62 days** for urgent referrals showed significant variation throughout the year, with performance at Devon level consistently failing to meet national targets.

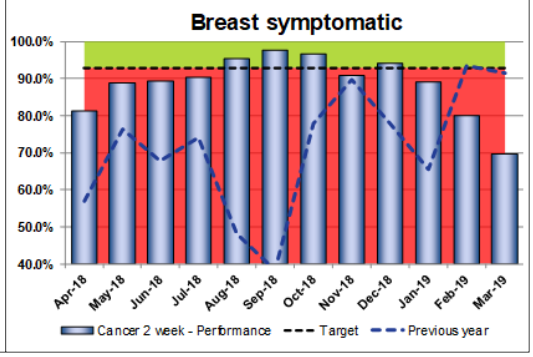
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance (CCG commissioned)	>85%	79.4%	80.1%	75.9%	75.7%	75.3%	74.3%	74.2%	76.1%	80.6%	68.4%	71.5%	72.4%
Trajectory		83.6%	82.7%	83.3%	85.3%	85.2%	85.1%	85.7%	85.9%	86.1%	85.2%	85.2%	86.1%
NHS England		82.3%	81.1%	79.2%	78.2%	79.3%	78.2%	78.4%	79.2%	81.1%	76.2%	76.1%	



5.2.7 The time taken for patients to see a specialist after urgent referral for a suspected cancer within **2 weeks** of an urgent referral improved during Winter, with overall performance at Devon level reaching an in-year high-point of 89.5%, but still failing to meet the national target of 94% of patients being seen within 2 weeks of urgent referral.

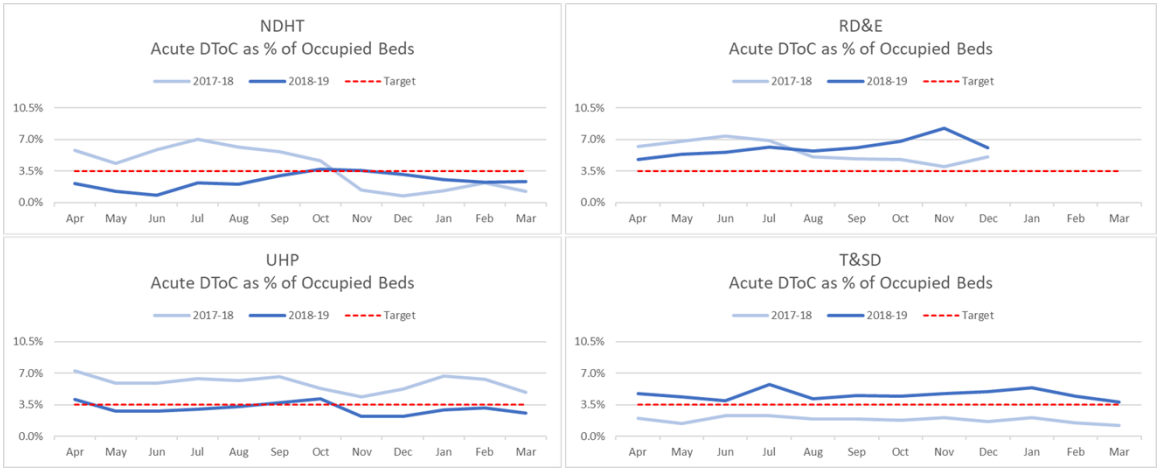
STP footprint	National target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cancer 2 week - Performance	93%	81.3%	80.0%	84.2%	81.1%	84.4%	83.2%	83.2%	84.6%	85.3%	84.3%	87.7%	89.5%
Cancer 2 week- STP trajectory		93%	94%	93%	94%	93%	93%	94%	94%	93%	93%	93%	94%
NHS England		91%	92%	91%	92%	92%	91%	92%	92%	94%	92%	93%	
Breast symptomatic -Performance	93%	81.3%	89.0%	89.4%	90.4%	95.3%	97.6%	96.6%	91.0%	94.2%	89.1%	80.0%	69.6%
Breast symptomatic - STP trajectory		93%	93%	94%	94%	94%	93%	94%	94%	93%	93%	94%	94%
NHS England		84%	84%	84%	88%	91%	92%	92%	88%	86%	83%	83%	

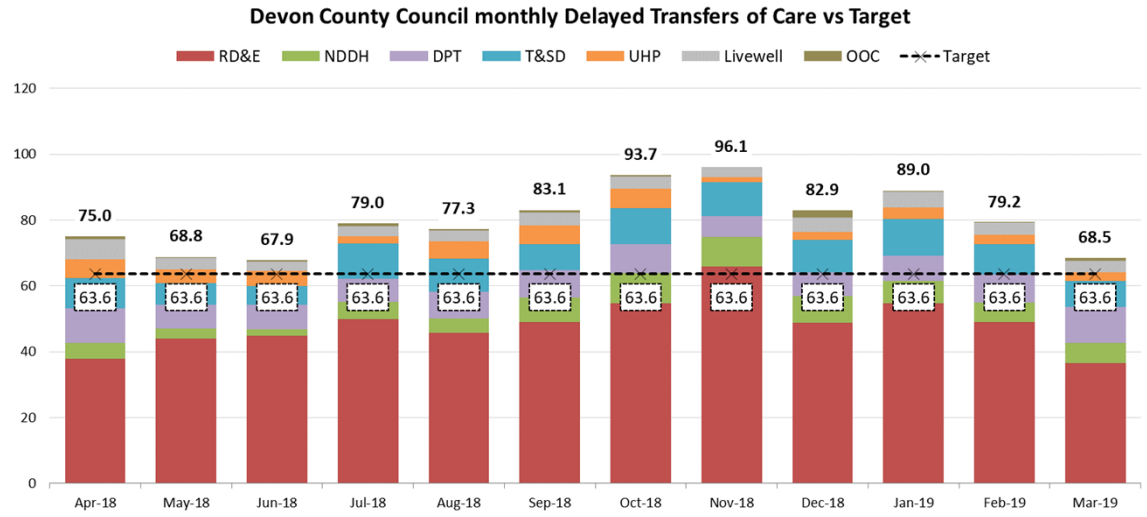




5.3 Discharge and post hospital

5.3.1 **Delayed Transfers of Care (DTOCs)** – measured by the number of delayed bed days as a proportion of all available bed days in acute and community hospitals. Quarter 4 data is not yet available for DTOCs. North Devon entered January having retained performance at last years end point, with DTOC rates of approximately 3%, a position that largely maintained throughout the early winter months. Plymouth achieved a significant improvement in DTOC rates, ending December with a rate of 2.2%, down from 5.1% at the end of winter 17/18. Torbay continued to see a drop in performance, entering January with a rate of 4.9% (0.3% up from the position in December from the previous year, and 2% higher than the position at which they ended the previous winter).

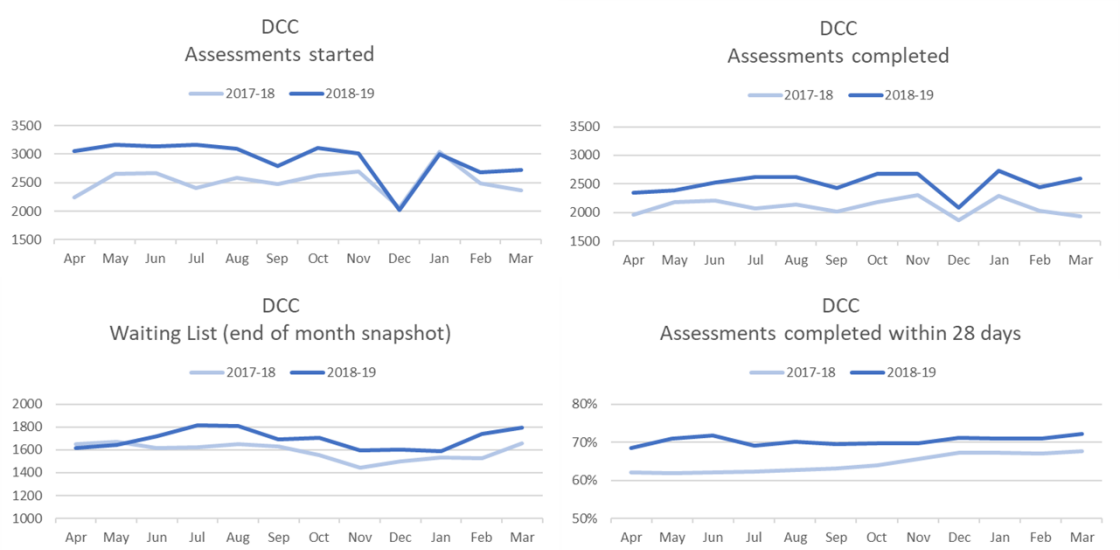




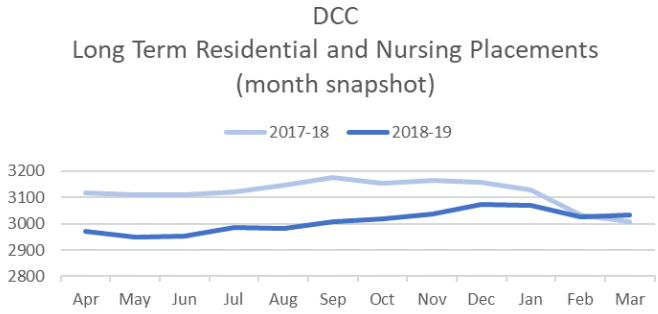
5.3.2 Overall, during 2018/19 the number of **Adult social care assessments** started and completed rose above the previous year's level, with an additional 361 assessments started, and an additional 664 completed. We saw improved performance in terms of the number of assessments completed within 28 days.

5.3.3 Reflecting the challenges of a difficult personal care market, our waiting lists grew significantly.

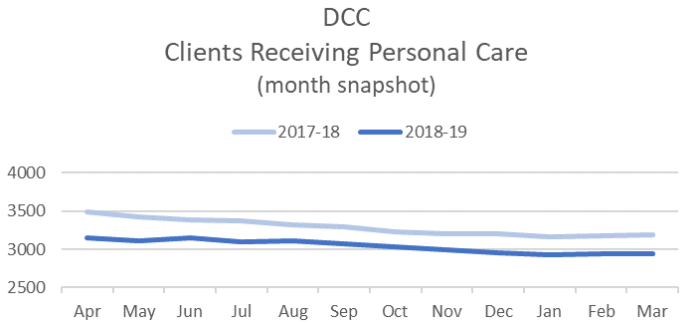
5.3.4 We experienced a significant increase in the number of people waiting to receive personal care. This increase needs to considered in the context of a highly performing system which continues to meet approximately 95% of demand across the county, and is attributed to the workforce challenge in the personal care market.



5.3.5 The trend in a decrease in the number of people living in **residential care** observed at the end of Winter 17/18 did not continue, with numbers steadily increasing, returning to a similar level as experience at the end of winter 17/18.



5.3.6 **Personal care** provided has continued to reduce, reflecting our greater emphasis on reablement services, technology enabled care (TEC) and promoting independence. Despite our success in reducing reliance on personal care, managing the number of people ending packages, starting packages and having changes to packages has proven challenging through the winter period.



6 Our shared priorities for 2019/20

6.1 Despite robust planning, the winter period has shown that the winter period can be unpredictable, with demand surges taking place outside of predicted periods; higher levels of demand in some areas; later than expected Influenza issues; and fluctuating demand to greater highs and deeper lows than previously anticipated.

6.2 Anecdotally, providers shared differing perspectives on how winter felt and demonstrated how the perception of front-line staff did not in all cases reflect actual demand and performance.

6.3 Work will continue to address the challenges of a shrinking personal care market via a number of workstreams:

- Our five pilot areas will continue their pilot work in relation to guaranteed hours;
- We will promote independence and new ways of working through Technology Enabled Care Services (TECS);
- We will use our RAG rating system to allow us to make more tactical use of our resources to ensure time critical care is delivered where it is most needed; and
- We will continue to give focus to reviewing packages of care to ensure we are targeting our resources based on an up-to-date understanding of the needs of individuals.

6.4 Whilst experiences of winter differed across providers, there were a number of common challenges which were shared or recognised by all participating in the 18/19 review of winter. These are summarised by our priorities for 2019/20 into 4 key themes:

Theme 1: Workforce

6.5 Workforce remains a priority for 2019/20, with the system continuing to experience recruitment and retention issues across all sectors in the health and care system.

6.6 Recognising the need to reduce the impact of workforce shortages whilst longer term efforts are made to address supply, work will be carried out to look at how, at a system-level, we can make collective best use of scarce resource. This will include targeting of what we collectively have available to where it is of most value at times of increased pressure and demand; and at times when a lack of key resources may affect flow over the proceeding period, for example on weekends and bank holidays. A system-wide approach to deploying limited resources at times of pressure will be developed in addition to a system view of minimum capacity to support optimal flow at all times.

6.7 Learning from the system has shown the benefits of using “leave embargo’s” to ensure availability of workforce at times of anticipated pressure.

Theme 2: Digital maturity, including the sharing of information

6.8 We have made it a priority to provide better patient safety (by providing clinicians with the best possible information to make the best possible decisions), and associated cost savings through resulting efficiencies.

6.9 We have secured Health System Lead Investment (HSLI) funding to provide wider access to primary care information in a range of healthcare settings for all patients.

6.10 A key component of encouraging wider use of the Summary Care Record (SCR) is to improve the data in the SCR – this requires patients to provide explicit consent for Additional Information (AI) data, and this will form part of the project.

Theme 3: 7-day services

6.11 A shared concern across providers was the lack of staff availability in other parts of the system impacting on the flow on weekends, for example: a lack of community staff to support weekend discharge processes. It was agreed a whole-system approach is required, and the Devon A&E Board agreed an aspiration of ensuring 80% of weekday workforce is available on weekends for key roles.

Theme 4: Communications and marketing

6.12 We will build on the success of our winter communications with year-round social marketing to better influence the behaviours of our population and support them in making the right choices. Via the Devon A&E Board we will identify opportunities for Devon-wide messaging to compliment the work of the local A&E boards.

Tim Golby
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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		