

## **WINTER PRESSURES 2019/20**

Report of Associate Director of Commissioning (Care and Health) (Devon County Council and NHS Devon CCG) and Director of Commissioning – NHS Devon CCG

### **1. Recommendation**

- 1.1 Scrutiny recognise the ongoing pressures faced by the Health and Care system over winter 2019/20.
- 1.2 The Committee notes the Covid-19 pandemic has impacted on review arrangements for last winter.

### **2. Purpose**

- 2.1 This report provides an annual update to report ACH/19/112. This paper reviews activity and performance over the winter period of October 2019 to March 2020 and provides a comparison to the previous year where available. It should be noted that preparations to respond to the Covid19 pandemic commenced during late February and into March impacting upon the Urgent Care Winter performance.
- 2.2 The report looks at performance in 3 areas:-
  - Pre-admission to hospital
  - Hospital performance
  - Discharge and post hospital

A summary dashboard of key indicators is below with more detail contained in the body of the report. The dashboard notes performance as either increased or decreased as compared to the previous year and whether is positive or negative against a statutory target by the colour and direction of the arrow.

**Pre-admission**

111 / 999 demand

**Hospital Performance**

Emergency admissions

N		E	
W		S	

**Discharge and post-hospital**

Delayed transfers of care (average Oct – Dec)

N	5.3%	E	5.5%
W	7.6%	S	3.8%

A&E Attendances

N		E	
W	N/A	S	

Length of stay

N		E	
W		S	

Social care assessments waiting

Ambulance handover incidents

Elective operations cancelled

N		E	
W		S	

Social care assessments completed within 28 days

A&E performance (4hw) March 2020 position

N	81.6%	E	76.5%
W	N/A	S	70.8%

Cancer waiting times – 2 week wait

STP **83.2%**

Difficult to source packages of care

436 hours per day

Out of hours primary care demand

Cancer waiting times – 62 day target

STP **75.4%**

Personal care market workforce vacancies

18wk referrals

STP **73.5%**

Diagnostics within 6 weeks

STP

Long-term residential and nursing care placements

### 3. System changes and improvements in 2019/20

- a) This section summarises the improvements that have been made across the system since winter 2018/19. 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

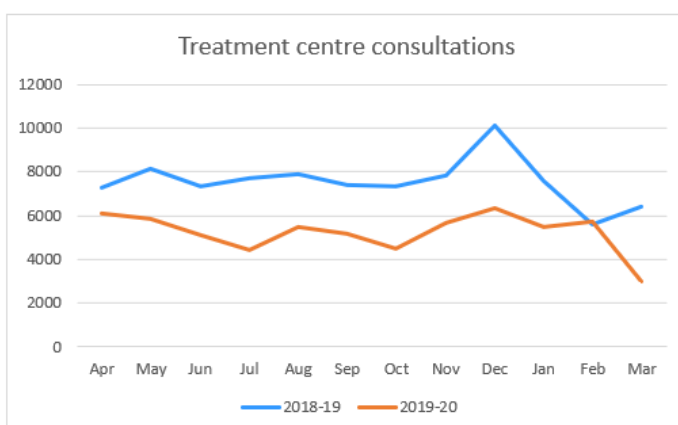
- 3.1.1 Within this theme we also describe the elements of the urgent and emergency care system patients come into contact with prior to hospital admission. 'Pre-admission' also describes our efforts to support the population to remain as healthy as possible, activate them to self-care when safe and appropriate to do so, and how we are influencing the choices and decisions they make.
- 3.1.2 **The 2019/20 winter communications plan** is a system-wide plan for Devon with partners who also promote and market materials across their own channels. The messages build on the established messaging in both national communication strategies and building upon previous winter plans with a strong 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 following the success of this approach in the previous year. 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 This year we worked as a Devon system to ensure we have one consistent approach to winter comms – so it's targeted and timely. This involves uplifting the national campaign and working with the themed weeks, focussing on key groups and increasing impact. The three main focus areas of the 2019/20 winter communications campaign were promoting the flu vaccination to vulnerable groups and frontline staff, raising awareness of the options to access primary care (online consultations, NHS App, and extended hours access for evenings and weekends) and the HANDi Paediatric app for parents or carers who aren't sure what to do when their child is unwell. The campaign included locally produced videos, radio advertising, roadshows with children's centre, paid social media advertising and communications toolkits for system partners to use and share.
- 3.1.5 111 online was promoted across media channels, providing patients with access to urgent healthcare and self-care advice and information online.
- 3.1.6 **Improved access to primary care**, instigated on the 1<sup>st</sup> October 2018, now provides 100% of our population with access to primary care services at evenings and weekends.

- 3.1.7 Online consultation (eConsult) had been rolled out to all practices, offering patients remote and more convenient access to primary care support and advice.
- 3.1.8 Reception staff across primary care have been trained to provide enhanced signposting, including to social prescribers, to support patients in accessing the services most appropriate to meet their needs.
- 3.1.9 Additional funding to 999 delivered additional clinical resource to the hub over winter, providing enhanced hear and treat and welfare calling.
- 3.1.10 A number of schemes have been launched to provide care homes with additional support, including education and support; dedicated pharmacy technicians to support medicines optimisation; and GP Early Visiting schemes.
- 3.1.11 The Digital Minor Illness Service continues to reduce demand on primary care and ED by referring patients to community pharmacy for support, treatment and advice.
- 3.1.12 **The Integrated Urgent Care Service (IUCS)** is now wholly provided for Devon by Devon Doctors and has been since October 2019. The service consists of the 111-call handling, clinical assessment services and the out of hours face to face and home visiting primary care services for Devon residents and visitors.
- 3.1.13 Additionally, in the last year the NHS 111 online service has proven a valuable service with the Devon uptake being one of the highest in the county, accounting for an additional 20% of activity.
- 3.1.14 NHS 111 and 999 continued to be prioritised via the communication campaigns as the preferred way for the public to enter the urgent and emergency system. Overall a call increase of 2.41% into the 111 service has been experienced demonstrating that the strategic intention to ask the public to use this service is succeeding.
- 3.1.15 Activity continues to increase which is positive as it offers the opportunity to direct people to the best solution for their urgent care needs.
- 3.1.16 The introduction of the new service had some positive benefits which were realised over the winter period:
- The level of clinical involvement in all the calls increased, this was important as it allowed for the review of dispositions and the introduction of clinical intervention to offer alternatives for people who were at risk of being directed unnecessarily to ED or for an ambulance. The national aspiration is no more than 10% of people to be directed to an ambulance and circa 7% to emergency departments.
  - All under-fives were offered a clinical conversation or appointment automatically as were all over 80's. For young children a greater level of assurance for parents and for older people the opportunity to 'unpick' more complex problems and come to a holistic answer. This has been well received and led to the reduction of unnecessary ED or ambulance dispositions.

- The introduction of more routes to use community pharmacists to help with simple primary care problems and deal with repeat prescription requests.

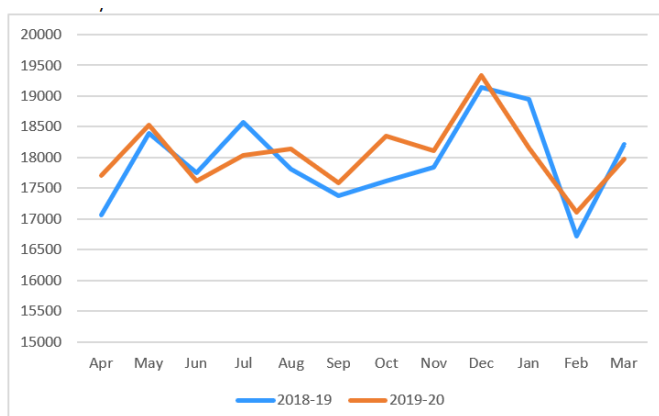
	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Total number of calls	31,268	31,745	44,862	34,498	35791	55372
Forecasted volumes	30,674	29,413	30,991	31,433	30196	24150
Percentage compared to forecast	101.9%	107.9%	144.7%	109.75%	118.53%	229.28%
Ambulance dispatch	12.3%	12.8%	8.6%	8.7%	10.45%	7.36%
Recommended to ED	7.9%	6.3%	7.3%	7.6%	7.4%	5.85%

3.1.17 There was a decrease in the overall number of patients seen by the Out of Hours Service at a treatment centre through winter, in line with the trend of decreased activity for this service throughout the year. This was due to the continuing trend to offer patients a consultation with one of the clinical staff within the 111 service as an alternative to a patient home visit as appropriate.



2018-19	2019-20	variance (vol)	variance (%)
90610	62876	-27734	-30.61%

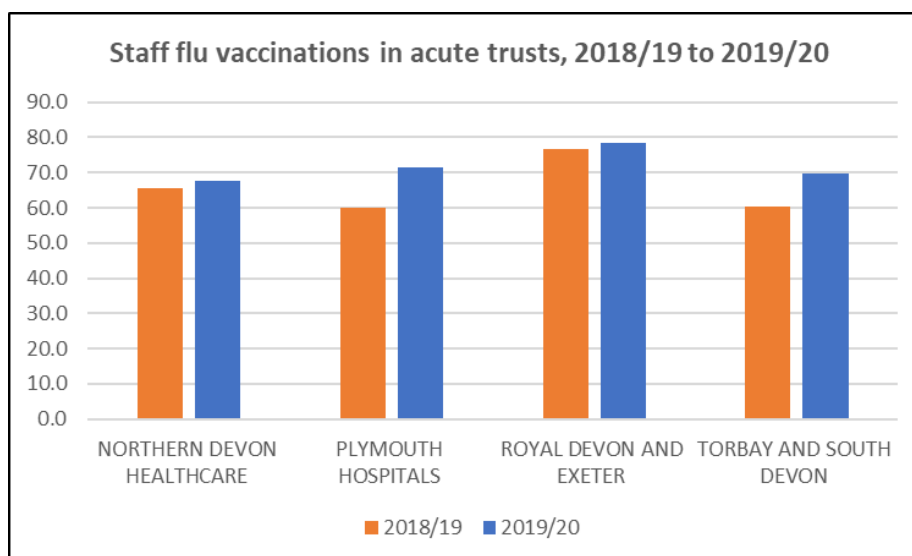
3.1.18 **SWASFT** planned for exceptional call volumes and pressure on the two clinical hubs. The winter plan focused additional effort this year on hub preparations and the roll out of additional front-line resources in Quarter 3 and throughout the winter period in line with the “People Plan”. A 24/7 winter management function was established, capacity plans were based on a predicted rise in demand of close to 6%, in comparison to the previous winter. Peak demand days included 14<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup>, 26<sup>th</sup> December and 1<sup>st</sup> February. SWASFT also work with partners to deliver services, including nearly 5000 volunteer responders, 600 fire co-responder sites, as well as joint working with St Johns Ambulance.



2018-19	2019-20	variance (vol)	variance (%)
215484	216669	1185	0.55%

3.1.19 Across Devon the schemes looking at frequent users of local health services continued to successfully support individuals to take ownership of their health and wellbeing whilst decreasing their dependency upon unscheduled care services.

3.1.20 **Flu cases** – NHS Devon CCG has maintained high levels of vaccination in 2-3 year olds, building on the significant increase seen in 2018/19. Final verified figures for national comparison are expected in late May. Additionally, all four acute trusts in Devon improved their staff vaccination rates compared to the 2018/19 flu season. The CCG acknowledges the innovative work which has made this possible.



## 3.2 In-hospital 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 All of our providers have built on the success of the previous year and further 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.

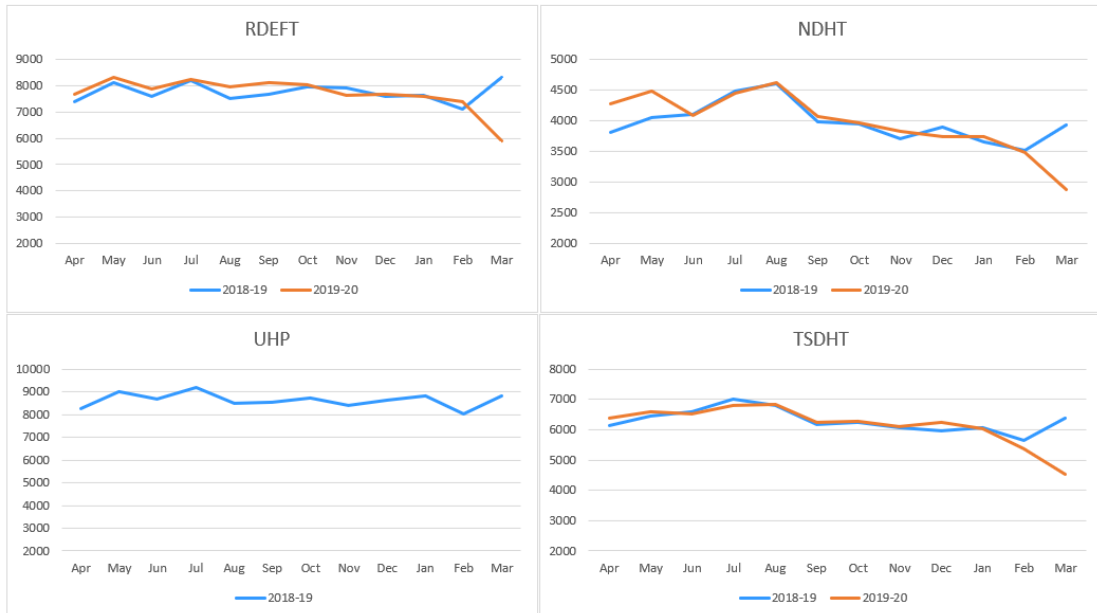
3.2.3 All of our providers actioned a range of plans for improvements to in-hospital care, including such schemes as opening additional escalation beds; increased opening times for ambulatory facilities; redesigned GP expected pathways including a greater emphasis on telephone triage and appointments; individualised support to frequent attenders; prioritising focus of mental health resources to support in ED particularly the provision of alternatives to attendance to the ED.

3.2.4 The Devon A&E Delivery Board actively monitored the performance across providers, identifying areas of challenging demand and providing a forum to share good practice and lessons learnt to enable providers to de-escalate from high winter demand in a timely manner.

3.2.5 The Devon A&E Delivery Board has a new person in the role of chair from Q4 who was in the process of leading a review of the boards function and form that was unable to be completed as a result of the Covid-19 pandemic impacting upon operational and strategic priorities.

3.2.6 **A&E attendances** across the hospitals in North, South and East Devon have reduced. West (Derriford hospital) have been participating in a national pilot

A&E attendances type 1

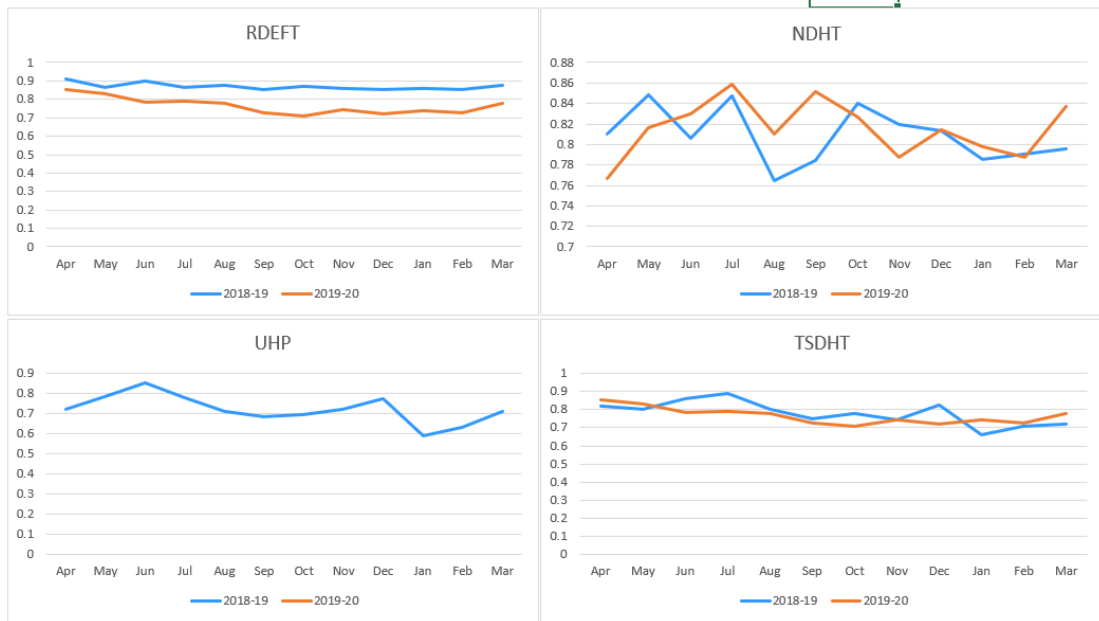


scheme to trial an alternative measure of performance to the 4hr standard and as such performance data is not available to the STP, so its not known if attendances have also reduced on this site.

	2018-19	2019-20	variance (vol)	variance (%)
RDEFT	93029	92411	-618	-0.66%
NDHT	47676	47653	-23	-0.05%
UHP	103617	N/A	N/A	N/A
TSDHT	75444	73829	-1615	-2.14%

3.2.7 A&E performance (type 1 A&E) across all acute Trusts continues to be below the 4-hour wait standard of 95% and has deteriorated since the previous year. Ongoing detailed analysis into the causative factors behind this were maintained during the winter with shared learning adopted as appropriate. However, increased complex patient demand was identified as the main driving factor behind this trend.

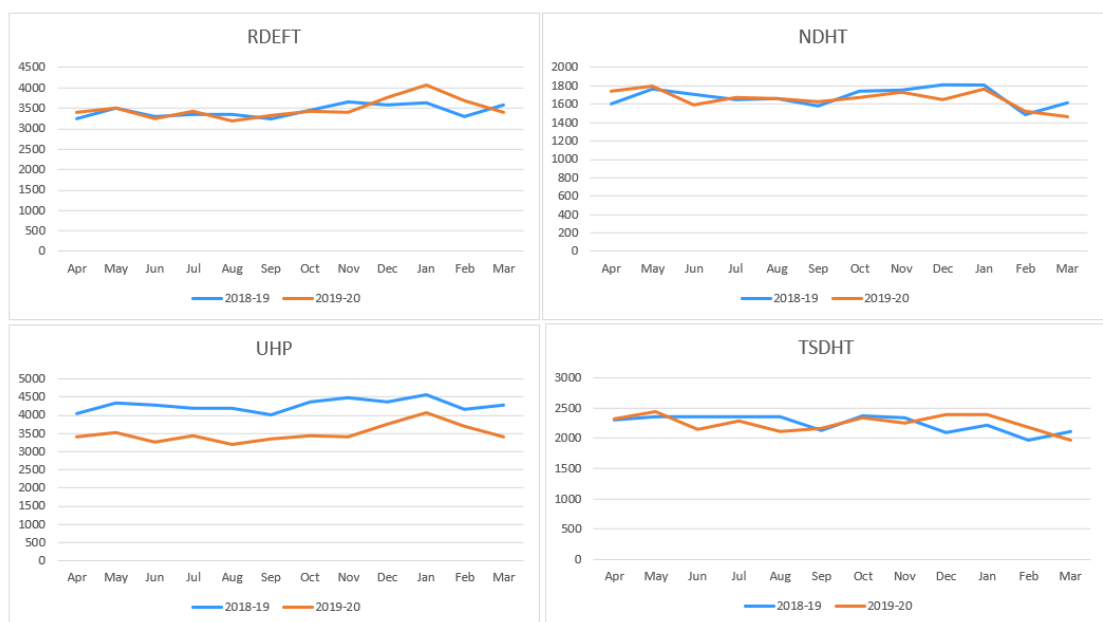
A&E performance type 1



	2018-19	2019-20	variance (vol)
RDEFT	87.0%	76.5%	-10.5%
NDHT	84.8%	81.6%	-3.2%
UHP	77.7%	-	-77.7%
TSDHT	88.6%	70.8%	-17.8%

3.2.8 **Emergency admissions** have risen across all acute hospitals with the exception of north Devon. An aging population with increasingly complex health and social care needs is increasing demand across services.

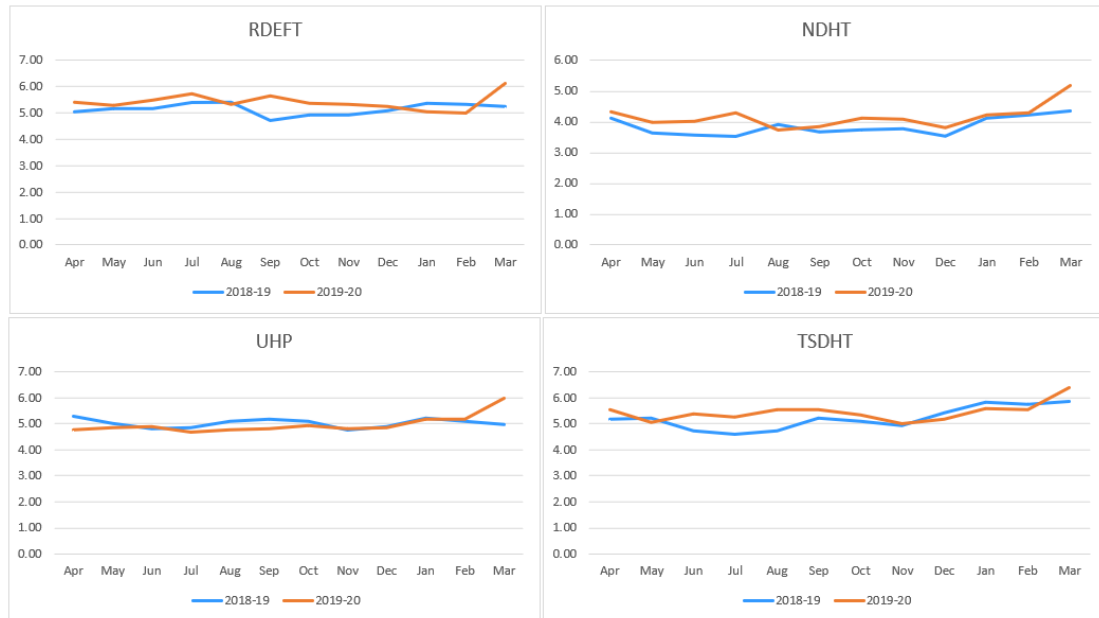
All of providers have refreshed the strategic intention to follow best practice guidance in relation to achieving high performance in same day emergency care as an alternative to an emergency hospital admission and overnight stay.





	2018-19	2019-20	variance (vol)	variance (%)
RDEFT	41202	41863	661	1.60%
NDHT	20194	19879	-315	-1.56%
UHP	51253	52989	1736	3.39%
TSDHT	26938	27022	84	0.31%

3.2.9 **Length of stay in hospital** has risen across acute hospitals and is one of the reasons why improving the performance has been set as one of the STP strategic priorities as described later in this document.

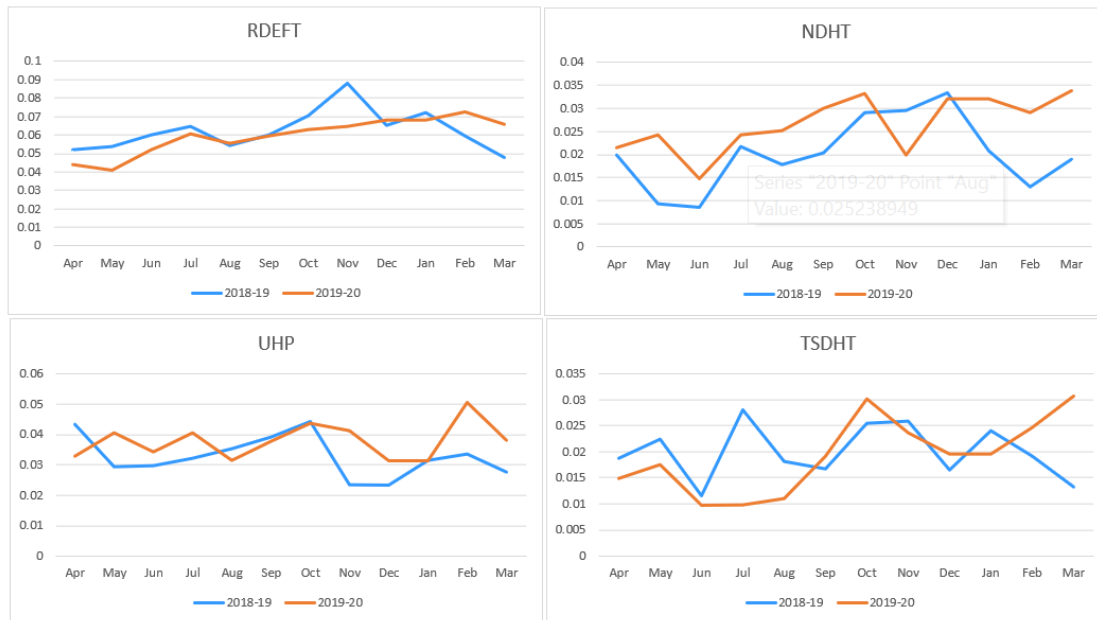


	2018-19	2019-20	variance (vol)	variance (%)
RDEFT	5.153	5.4202	0.27	5.18%
NDHT	3.844	4.1503	0.31	7.96%
UHP	5.021	4.9549	-0.07	-1.32%
TSDHT	5.190	5.4254	0.24	4.53%

### 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 Our most significant investment of winter monies in 2019/20 continues to support guaranteed hours contracts to provide increased domiciliary care capacity and address a recruitment and retention issues within the workforce. Despite our efforts, we still struggle to deliver sufficient capacity to meet demand.
- 3.3.3 Response and social care reablement teams continue to backfill care packages and supporting discharge activity, although at a reduced level in comparison to the previous winter due to additional care capacity made available.

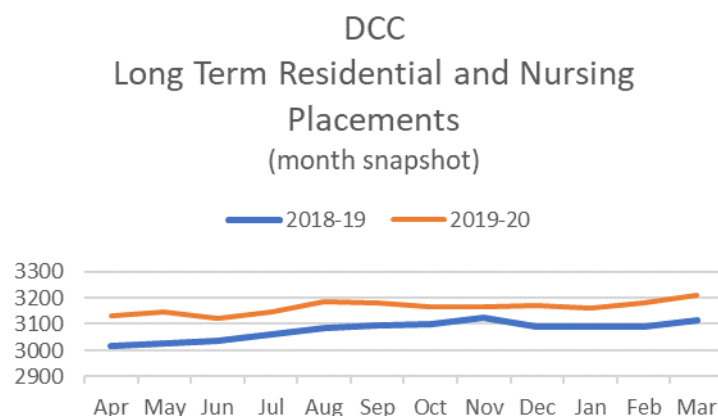
3.3.4 Delayed Transfers of Care (DTOCs) – measured by the number of delayed bed days as a proportion of all available bed days in acute and community hospitals. Quarter 4 data is not yet available for DTOCs. All acute hospitals experienced an increase in the number of patients delayed with the exception of the East which experienced a slight reduction. However, the overall trend is reducing as the services exit the winter. The preparations for the Covid19 pandemic had a positive impact upon reducing DTOC during March 2020.



	2018-19	2019-20	variance (vol)
RDEFT	6.2%	5.5%	-0.7%
NDHT	2.0%	5.3%	3.3%
UHP	3.3%	7.6%	4.4%
TSDHT	2.0%	3.8%	1.8%

3.3.5 Overall, during 2019/20 the number of **Adult social care assessments** started has decreased compared to the previous year's level, particularly during the start of the pandemic (January to March) when service prioritisation criteria were implemented. The trend in assessment completed is comparable to the previous year. Overall the number of assessments completed within 28 days has been in decline and remains below target.

3.3.6 The overall trend in the number of people living in **residential care** is upwards with numbers steadily increasing and remains in excess of the 2018-19 levels.



#### **4 Review of Winter plans and preparation for next year**

- 4.1. The Devon A&E Delivery Board intended to undertake a review of winter performance at the May meeting. This was not possible due to the impact of Covid-19 care pathway prioritisation across the STP. The review will be completed later in the summer once it can be appropriately prioritised.
- 4.2 It should be noted that extensive reviews are being undertaken at the time of writing this report in regard to care pathway and provision during the first wave of Covid related demand across the STP. It is almost certain the learning from this will also be able to inform the planning for care provision next winter that is highly likely to be a challenging mix of normal winter demand and Covid19 demand.

#### **5. Conclusion**

- 5.1 Demand on health and Social Care services across the Devon County Council footprint continue to be challenging throughout the winter with activity experienced over and above the levels collectively planned for by all partners.
- 5.2 The impact of the Covid19 pandemic towards the end of the winter resulted in significant changes in demand upon services that will be understood as part of the system review and restoration of activity over the coming months.

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Sonja Manton  
Director of Commissioning – NHS Devon CCG

Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

#### **LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS**

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Tel No: 01803 396365 Room: Second Floor Annexe

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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Nil