

Devon Sustainability and Transformation Partnership (STP)

2018/19 Winter Plan Summary

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Single System Plan for Devon

- § Devon has a single system plan this year
– joint NHS and local authority
- § Individual locality plans sit behind it
- § Sign-off via Devon A&E Delivery Board



NHS England / Improvement - review and feedback

Plan RAG Status



- § More consistency needed in describing plans for each locality
- § West and South identified as high risk – further assurance required
- § Key risks :
 - Workforce capacity
 - Delayed Transfers of Care
 - System prevention and management for infection control
 - Escalation plans



Key Risks and Mitigations

Workforce capacity

Review use of agency staff

Guaranteed hours contracts for domiciliary care

Review of in-house rapid response capacity

STP event to improve engagement and understanding of issues

Communication to public: *Help us Help You – Stay Well This Winter*

Better understanding of bed capacity, including intermediate and care home capacity

Rapid transfer from Emergency Departments to adult mental health services

Better management of out of area beds and procurement of ward closer to Devon



Winter 2017/18 - review and learning

- § Better understanding of demand to ensure staff are available across known busy periods
- § Enhancing the role of the Integrated Urgent Care Service (111 and GP out of hours) to reduce demand for A&E and ambulance services, where more suitable alternatives exist
- § A consistent approach to escalation and actions
- § Pro-active management of flu
- § Improved access to specialist mental health services



Demand and Capacity Modelling Pre-winter

- § 'Hard resets' (a focused daily examination of operational performance) allowed us to test, stress and unpick issues
- § Worked with the Academic Health Science Network (AHSN) and the Emergency Care Intensive Support Team (ECIST) to model demand and capacity and forecast the impact of improvements



Cross-organisational working

- § Cross-system working is discussed and agreed at the local A&E Delivery Boards
- § Health and social care commissioners and providers working together to:
 - § Move resources around the system to where it is most needed
 - § Ensure better joined-up care for the people of Devon



Integrated Urgent Care Services (IUCS)

- § Staff numbers informed by forecasting activity levels
- § Clinical validation of emergency outcomes (A&E and ambulance) will be enhanced, funded by winter resilience monies – ensuring that only those who really need ED or 999 are referred to them
- § 111 online (online non-emergency access in addition to the telephone service) went live in September



Ambulance

We are predicting a 5.2% increase in activity compared to 2017/18.

Priorities include:

- § Reduce delays waiting to handover patients to hospital from the ambulance crew
- § Development of support roles to provide additional capacity
- § Development of a separate Christmas and New Year (and Easter) Plan
- § Review of 4x4 arrangements to ensure services can be delivered in extreme weather conditions



Primary Care

- § Improving Access to Primary Care – 9,000 hours of additional capacity per week across Devon
- § GP online consultations (“eConsult”)
- § Collaborative working to ensure a resilient primary care service, with a focus on high risk patients
- § Early visiting and systematic visiting of care homes to allow care to be planned in a more timely way



Domiciliary Care

- § Introduction of guaranteed hours contract to help retain staff
- § Priority reassessment of people's needs to ensure care is delivered where it is most needed
- § Investment to increase capacity and reinforce out-house rapid response teams
- § Better collaborative working - fortnightly provider to provider meetings



Care Home Admission Avoidance

Enhanced Health in Care Framework implementation:

- § Enhanced primary care support – “one care home, one practice”
- § Specialist support to ensure medication is taken properly and reviewed regularly
- § Support from community health and social care teams
- § Trusted Assessor – one assessment process to be used by hospital and care home to reduce delays in returning home from hospital
- § Quality Assurance and Improvement Teams (QAIT) provide ongoing support to homes
- § Education & support for care home staff



Reducing A&E waiting times

Devon-wide :

- § On-site GP services
- § On-site Psychiatric Liaison services
- § Daily system calls and tactical meetings to address issues immediately
- § Follow “SAFER” Patient Flow actions (senior review, all patients, flow, early discharge, review)

Localities:

- § Proactive health coaching (South) – supporting complex individuals, with multiple admissions
- § Frailty network (North)
- § Additional support for Rapid Assessment and Triage (East)



Ensuring safe and timely discharge

- § Joint working between NHS and social care to achieve the shared goal of reducing delayed transfers of care
- § Detailed winter plan tracker in place

Key enablers:

- § Discharge to Assess rather than admitting to hospital just for tests
- § 7 day services to ensure services are in place so people can still be discharged at weekends
- § “Fit to sit” – no need for patients to be placed on trolleys or stretchers if they are well enough to sit up or walk
- § Trusted Assessors - one assessment process used by hospital and care home to reduce delays in returning home from hospital



Flu and infection Control

2017/18

- § Significant impact, especially in care homes
- § Very few hospital outbreaks
- § Record number of vaccinations

2018/19

- § Multi-agency flu planning group
- § Education and awareness plans
- § Extensive flu vaccination programme
- § Flu action plans in place within localities



Adverse Weather Planning

- § 2017/18 unprecedented red weather alert issued
- § Debrief and review to identify opportunities for improvement
- § Revised business continuity plans, linked with PTS (Patient Transport Service) plans
- § Improved awareness and communication between providers
- § Improved public communication coordination
- § Collaborative working with Local Authorities to improve access to primary care, for example, gritting routes to main GP surgeries

