

## **WHOLE SYSTEM PERFORMANCE**

Joint Report of the Associate Director of Commissioning (Care and Health) and Director of Commissioning (Devon CCG)

### **1. Recommendation**

- 1.1 Scrutiny to consider the contents of the Report and to be aware that the Covid-19 pandemic has impacted on business as usual activity and performance.

### **2. Purpose**

- 2.1 To provide an update on activity and performance across the wider health and care system based on performance data as at April 2020 (Month 1) including later data where available. The analysis and performance commentary focusses on a range of metrics covering acute and community hospital settings, primary care and social care selected by system leaders to provide Members with a whole system view.

- 2.2 Unless otherwise stated, the NHS information relates to NHS providers and therefore covers the population they serve wherever they live:

- University Hospitals Plymouth NHS Trust (UHP)
- Royal Devon and Exeter NHS Foundation Trust (RD&E)
- Northern Devon Healthcare NHS Trust (NDHT)
- Torbay and South Devon NHS Foundation Trust (TSDFT)
- South West Ambulance NHS Foundation Trust (SWAST)
- Devon Partnership Trust (DPT)
- Livewell Community Interest Company (Livewell)

Social care information relates to Devon County Council residents.

### **3. Executive Summary**

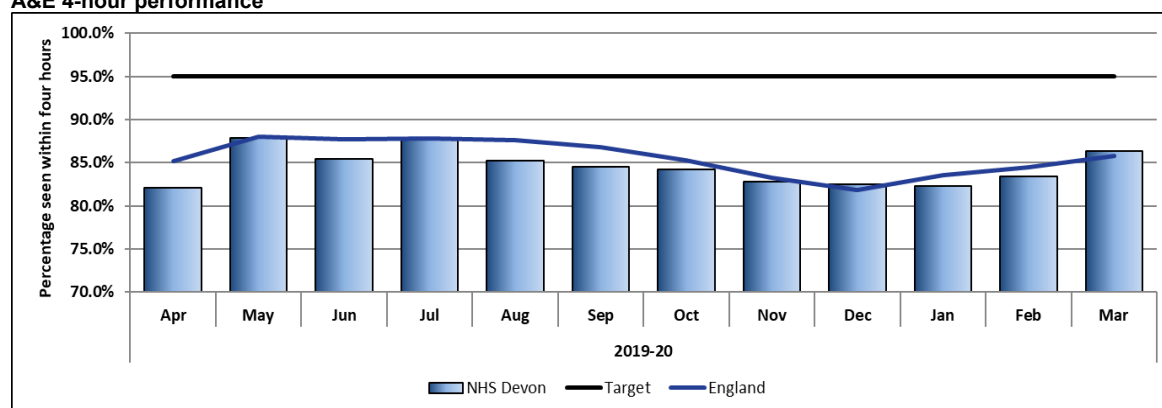
- 3.1 Performance against the range of key national targets remained mixed in Devon during 2019/20, with challenges meeting waiting times standards for elective care, diagnostic tests and A&E attendances but continued good performance against mental health targets and a number of cancer waiting times measures. However, whilst there was improvement seen in quarter four against some key standards, the impact of Covid-19 at the very end of 2019/20 had a material effect on performance albeit in different ways. For some a reduction in activity levels has led to improved performance (for instance A&E waits), whilst for others the opposite is true (such as diagnostic waits).

- 3.2 The impact of falling elective activity levels has resulted in longer waits for elective treatment and diagnostic tests during March and into April and May. The numbers of longer waiting patients, which were continuing to reduce, have increased, whilst overall waiting lists have risen. However, urgent services have been protected and cancer performance has been less affected and in some cases improved during March.
- 3.3 Urgent care measures have been volatile, with increased pressure on 111 services leading to higher waits for telephone responses in March, but reduced attendances at A&E leading to a rise in the number of patients seen within 4 hours. Delayed transfers of care, which were beginning to reduce in Devon, have decreased further as admissions and so bed occupancy fell.
- 3.6 Over the year, there have been significant pressures within the system, particularly regarding personal care market capacity which resulted in an increase in the acute and community delayed transfers of care at some Trusts. The redirection of short-term services capacity and the temporary use of residential care together with discharge to assess pathways have been used to improve hospital flow. As a result, the number of difficult to source care packages due to access or capacity problems in the market has been reducing over the last few months.

#### 4. Urgent and emergency care

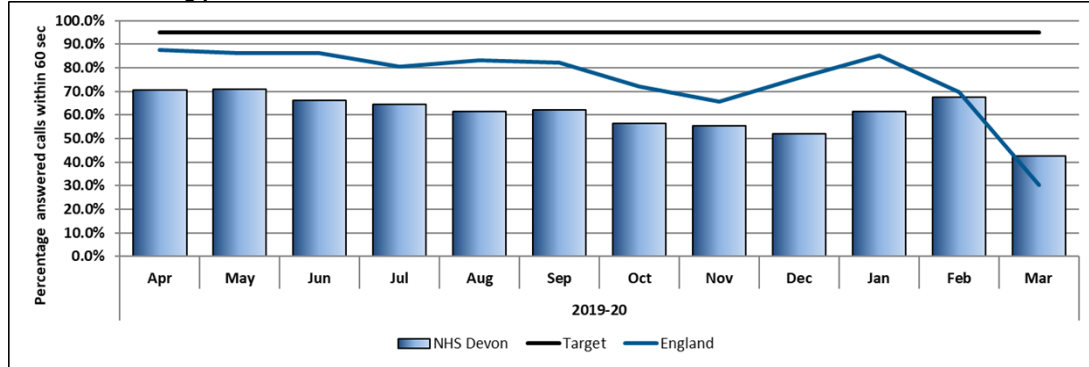
- 4.1 **A&E waiting times performance** across all acute Trusts continued to be below the 4-hour wait standard of 95% during 2019/20 and slightly under the national level. However, due to a reduction in patients attending in March there was an increase in performance, with the Devon STP percentage of patients seen within 4-hours increasing from 83.4% in February to 86.4% in March. Provisional April data shows a continued improvement, with performance rising to 94.4%, just under the national target. This improvement has also been reflected in the national position.

**A&E 4-hour performance**



- 4.2 **Performance of the 111 service** had been improving in January and February, with the percentage of calls answered within 60 seconds rising from 52% in December to 68% in February, but March saw significant pressure on the service resulting in a deterioration to 42%, the lowest level seen during the financial year. Early April continued to be challenging but provisional data shows performance recovered in May to 62%.

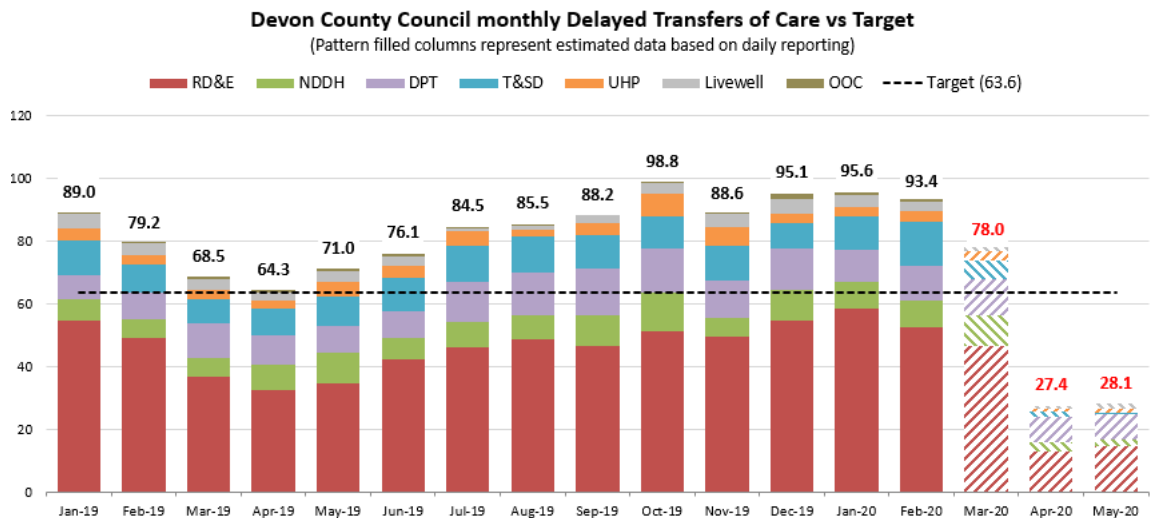
### 111 call answering performance



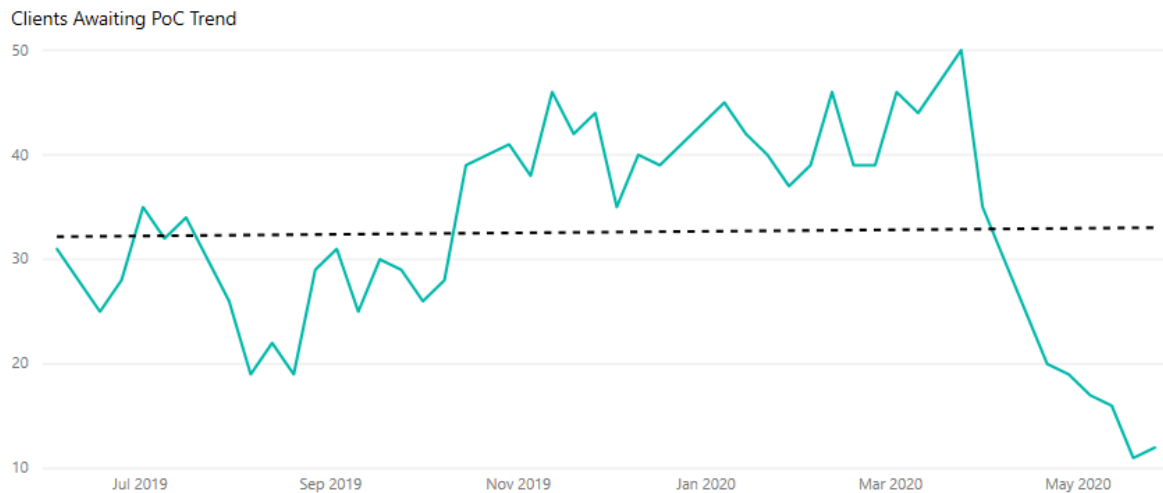
## 5. Hospital settings and the interface with adult social care

5.1 **Delayed transfers of care (DTOCs)** as measured by the number of delayed bed days as a proportion of all occupied bed days in acute and community hospitals have increased slightly in 2019/20. Although in March acute DTOC were above the 3.5% target at 4.3% in Devon, RD&E and UHP both saw their rates improve to 5.7% and 3.8% respectively, whilst TSD (3.1%) and NDHT (3.4%) remain comparatively low. April data is expected to show a much improved position due to lower levels of admissions and a reduced bed occupancy during the Covid-19 pandemic.

5.2 Due to the corona virus, the data collection and publication of national statistics relating to Delayed Transfers of Care (DToc) have been suspended. The latest published data (February 2020), showed that out of a 151 Local Authorities Devon ranked 113<sup>th</sup> for all delays, an improving trend, with 75% (2042 days) attributable to the NHS, 23% (611 days) attributable to Social Care and 2% (55 days) attributable to both Health and Social Care. We have continued to monitor delays daily across all our main providers and whole system capacity has improved significantly as the Acute Trusts worked to reduce bed occupancy to a minimum 50% to meet the corona virus surge. More latterly we have seen the number of delayed transfers increase as services have been switched back on with pressure evident in the western end of the system.



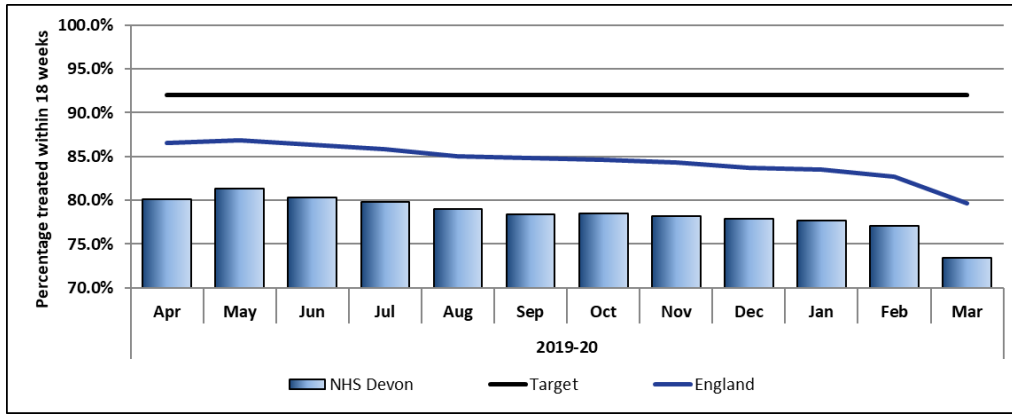
5.3 In February, the main reasons for delays were people waiting for further non-acute NHS care and also patients awaiting a care package in their own home. More latterly, we have seen a reducing trend in the number of difficult to source care packages as we have worked proactively with the market to support the safe discharge of people from hospital.



5.4 As part of our pandemic response, there has been a concerted effort to grow the capacity within the health and care market through Devon’s Proud to Care campaign. We have had a good supply of applicants (183) seeking permanent employment in the personal care market. Of these, 75 are with providers for consideration, 24 applicants have been offered employment with 18 of these having started in role. Our ability to place applicants successfully has been impacted by provider concerns about reduced service-user demand, the availability of work for the new workforce and the impact of new staff on the existing workforce. However, we continue to work proactively with the market to address these concerns.

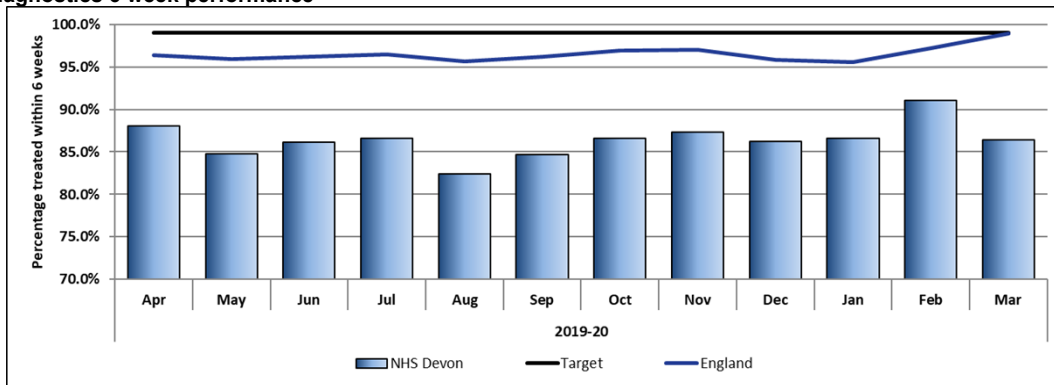
5.5 Across Devon, the proportion of people being **referred to treatment** within 18 weeks has been gradually falling during 2019/20, but the impact of large reductions in elective hospital treatment in March has led to a significant drop in performance, from 77.1% in February to 73.5% in March. This has affected all providers in Devon and across the country, with the England position falling from 82.7% to 79.7%

**RTT 18 week performance**



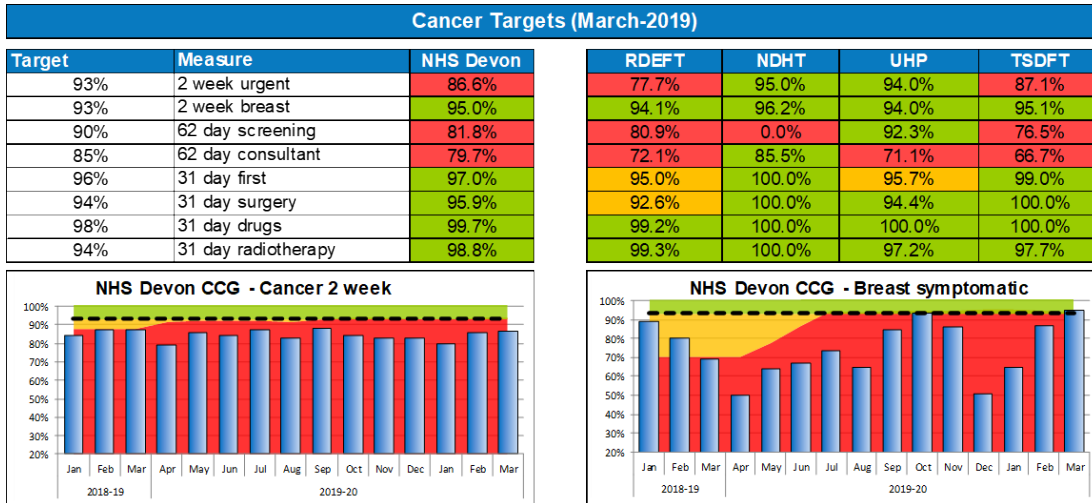
5.6 Performance against the **diagnostics within 6 weeks**, where the STP is a national outlier, had been improving in quarter four but a reduction in elective hospital activity has led to a deterioration in March, with 86.4% of patients seen within 6 weeks for a test compared to 91.1% in February. The England position for March was just outside the 1% tolerance at 98.9%.

**Diagnostics 6 week performance**



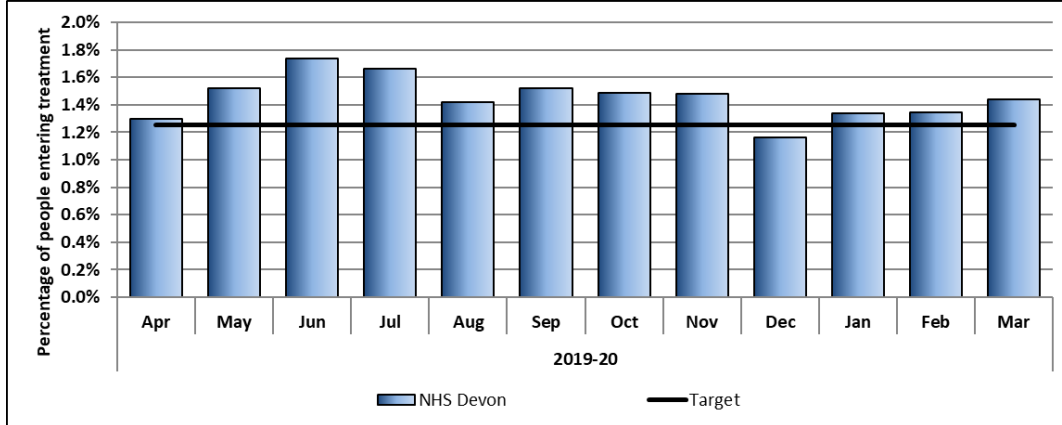
5.7 Performance against the **range of national cancer standards** has been variable in 2019/20 but was relatively unaffected by the covid-19 pandemic during March. NDHT achieved all measures except for the screening target (which is affected by very small numbers) whilst UHP achieved six of the eight targets and TSD achieved five. However, performance was more mixed at RD&E where only three targets were met

**Cancer waiting times performance**

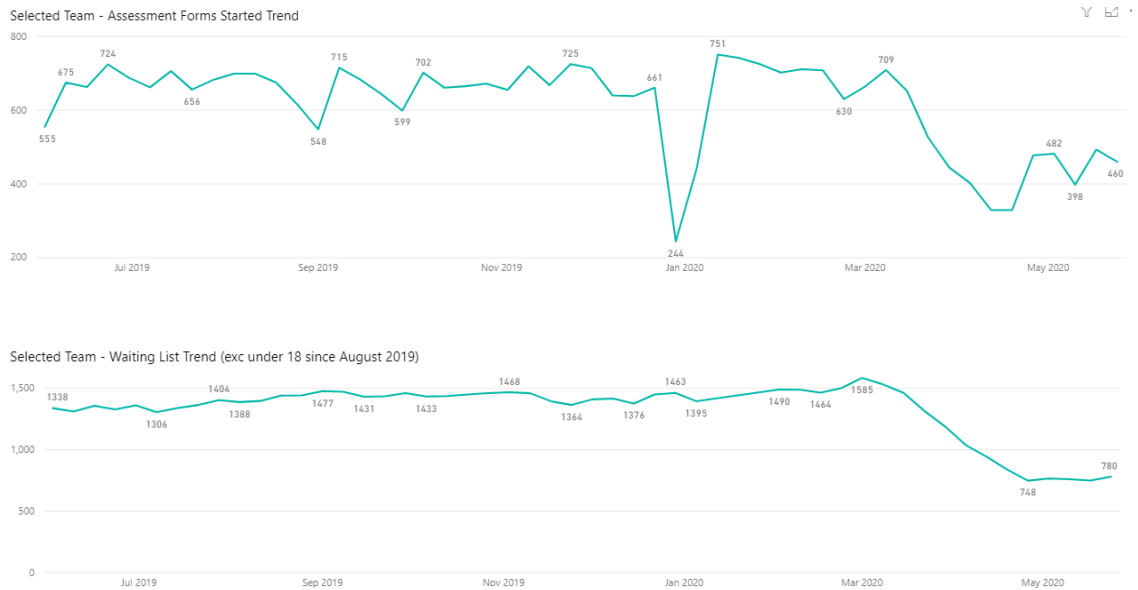


5.8 Performance against mental health targets remained relatively good throughout 2019/20 in Devon. For instance, the Improving Access to Psychological Therapies (IAPT) access rate was above target for every month except December whilst the recovery rate was also above target for the year as a whole. Mental health DTOC also reduced and was within the 7.5% target through the year.

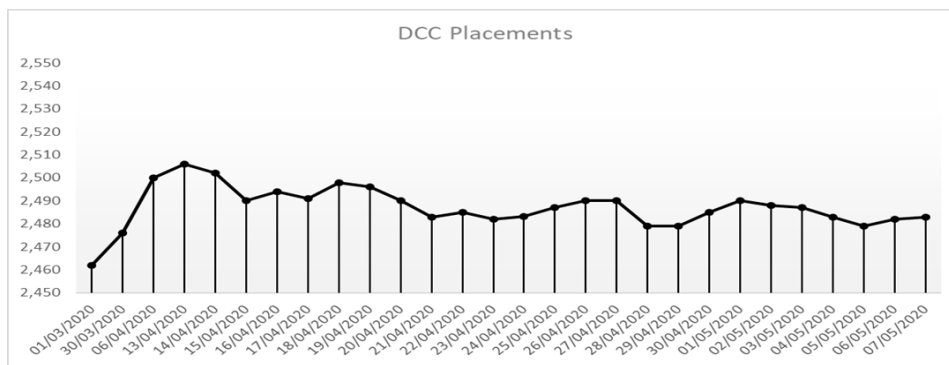
Improving Access to Psychological Therapies - access rate performance



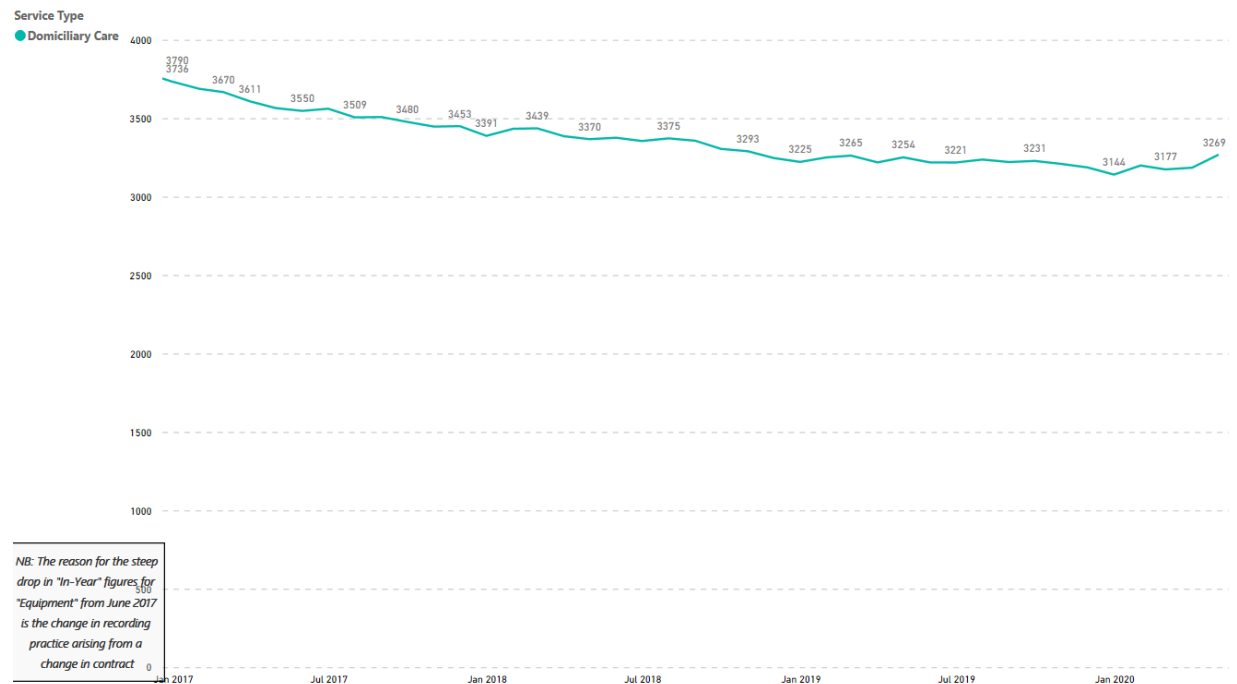
5.9 Adult social care assessments that have been started and completed have been in decline due to the care management service operating on a prioritisation system during the pandemic. Assessments are prioritised according to acuity of need and circumstances of the person involved. The normal assessment pathway from hospital has been stepped down in favour of discharge to assess to support a more timely discharge pathway. As a result of reduced assessment activity, we have seen the numbers of people on our waiting lists reduce over the last 3 months.



5.10 The higher prevalence of related infectious diseases, for example influenza and the corona virus has resulted in increased mortality of the frail elderly, in particular those living in **residential care**. However, there has been no significant change in the overall demand for DCC funded residential and nursing care placements since 1 March 2020. As at 7 May 2020, 2,339 older people were in long term care (a decrease of 11 compared to 1 March 2020) and 144 were in short term placements (an increase of 32 compared to 1 March 2020), which is consistent with supporting a more timely discharge pathway out of hospital.



5.11 The number of clients receiving **personal care** and the number of hours of personal care being arranged by Devon County Council has been reducing over the last 24 months due to more emphasis being put on reablement services, technology enabled care and other approaches that promote people's ability to live independently. During the pandemic period, the Authority has committed to guaranteeing providers' income and that arrangement is being administered outside of the care management system. (CareFirst). Actual care delivered is in accordance to the prioritisation tool and currently not reflected within Carefirst. The true picture of delivery will only be visible once all invoices for the period have been received.

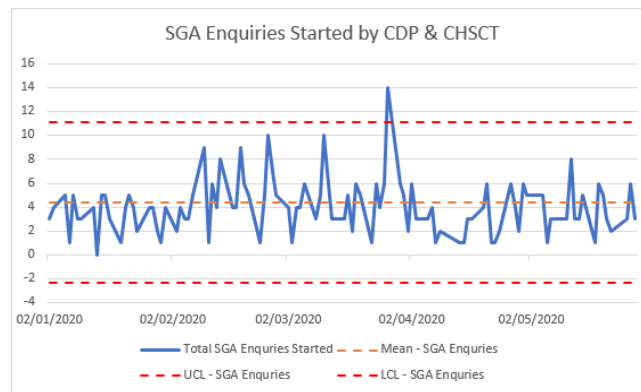
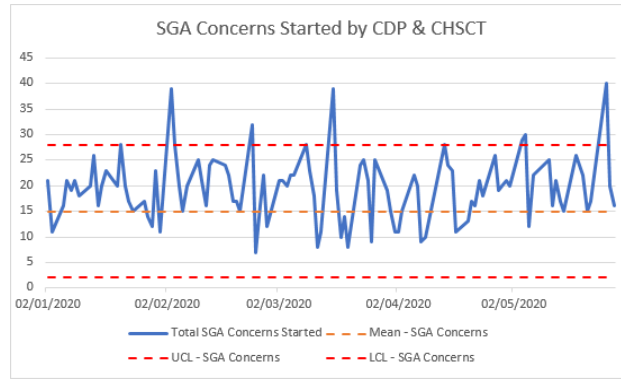


- 5.12 The number of difficult to source care packages due to access or capacity problems in the market has been reducing over the last few months. Contingency arrangements, which can include the redirection of short term services e.g. Rapid Response and Reablement, ensure that where people are at home waiting for more permanent arrangements they are kept safe.
- 5.13 This approach has contributed to the proportion of delayed transfers of care attributable to social care being well below average in Devon (February 2020: 23% in Devon vs 30% nationally) with all agencies continuing to work together to ensure access to health and care services is timely and sufficient however they are funded.
- 5.14 The nursing home sector continues to challenge with de-registrations, and workforce challenges for nursing staff a key factor. The Proud to Care campaign has gained national prominence in its efforts to promote careers in health and care and Devon County Council is working on a capital programme to attract investment in new nursing homes where capacity is, or is projected to be, needed

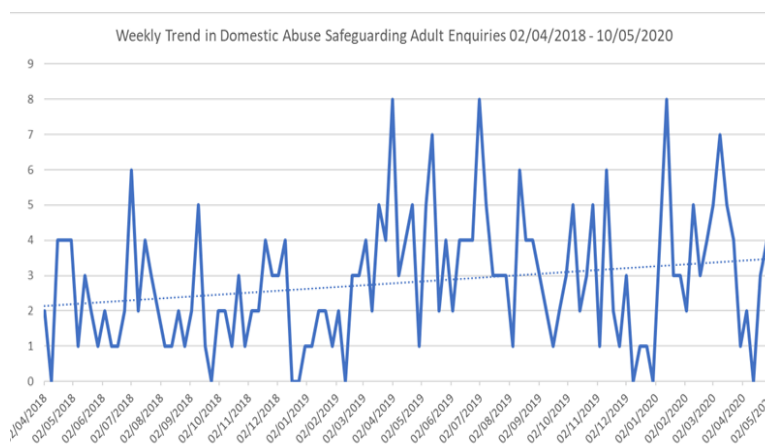
## 6. Safeguarding

- 6.1 As safeguarding is a fundamental role of social care, we routinely monitor activity relating to safeguarding concerns and enquiries, including the outcome, e.g. risk reduced or removed. This has been increasingly important during the course of the pandemic where people have elected to stand down or not access health and social care services for fear of contracting the infection. We have since January seen an increase in the number of concerns raised with the authority with a spike in both concerns and enquiries started around the start of the 'lockdown' period.





6.2 'Lockdown' has led to significant socio-economic impacts with heightened concerns about the effects on well being and our lives going forward. The impacts of furlough, working from home, financial losses and self-isolating have led to an increase in the levels of domestic abuse reported nationally. Unfortunately, this is also a trend mirrored locally.



6.3 Safeguarding continues to be at the fore-front of our professional practice with digital solutions being used where face-to-face contact is no longer possible.

Tim Golby  
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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

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER                      DATE                      FILE REFERENCE

Nil