

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 11th September 2014

Report of: NHS South Cheshire Clinical Commissioning Group

Subject/Title: Preparing for Winter in the Health Service

Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 There is a marked growth in the need for urgent and emergency services across the winter months (November – March), which increases pressure on already struggling resources. To ensure timely access and patient safety Government scrutiny and performance monitoring increases and is led locally through the Urgent Care Working Group.
- 1.2 The Urgent Care Working Group involves a range of organisations across health and social care including NHS South Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group, Cheshire East Council, Cheshire West & Chester Council, NHS Mid Cheshire Hospital Trust, NHS East Cheshire Trust, Cheshire and Wirral Partnership, North West Ambulance Service and NHS England. There are also two Patient Representatives on the Group.
- 1.3 The Urgent Care Working Group will soon be changing to the System Resilience Group and will be covering planned and non-elective care.
- 1.4 For the last two years non recurrent funding has been allocated to NHS South Cheshire Clinical Commissioning Group to help to alleviate this pressure. Allocation of the fund is undertaken through the Urgent Care Working Group. This year NHS England has allocated an additional £1.7m to our local health economy, with £1,077,705 being allocated to NHS South Cheshire Clinical Commissioning Group and £636,496 to NHS Vale Royal Clinical Commissioning Group.
- 1.5 An Operational Resilience and Capacity Plan (ORC Plan) was produced, approved and submitted to NHS England on the 30th July 2014. The Plan was extremely well received by NHS England who indicated they felt Medium Assured with the 2014/15 winter planning arrangement and identified the following main areas of concern:
 - Primary care resilience
 - Mental health resilience

2.0 Recommendation

- 2.1 To receive the contents of this report.

3.0 Reasons for Recommendations

- 3.1 This information provides a wider understanding on how the health and social care economy manages increased pressures during the winter months (November – March).

4.0 Background

- 4.1 There is national recognition of increased urgent and emergency services across the winter months, which officially run from November to March. During this time central government scrutiny and performance monitoring increases to ensure patient demand for timely access to safe and appropriate services are met.
- 4.2 This scrutiny involves the assessment of local health economy winter planning preparations by NHS England and considers:
- how robust preparations have been undertaken
 - how pressures will be monitored daily
 - how effective action will be undertaken to address growing pressure
- 4.3 For the last 2 years Government has released non-recurrent winter funding to help local economies address this increasing pressure.

5. The 13-14 Winter Planning Period

- 5.1 NHS England assessed NHS South Cheshire Clinical Commissioning Group's winter planning approach and plans as Medium Assured identifying the following three main areas of concern:
- Impact on elective activity
 - Delayed transfer of care
 - Changes to working practices that may create a need for 7 days social care support
- 5.2 Anticipated pressures were monitored regularly through the Urgent Care Working Group who helped to develop, create and test winter planning arrangements for the local economy. The monitoring process utilised a red, amber yellow and green escalation matrix and a performance report, which was published 3 times a day on a portal.
- 5.3 In November 2013, NHS England allocated £1.088m non-recurrent winter investment money to NHS South Cheshire Clinical Commissioning Group as lead commissioner of urgent and emergency

services at Mid Cheshire Hospital Trust, to help the local economy address increasing pressures.

- 5.4 Alongside the £1.088m NHS Vale Royal Clinical Commissioning Group underwrote an additional £203,000 bringing the total available to local providers to £1,291m. The funding required investment by 31st March 2014 and came with the caveat that it was to be invested towards:
- Improving other services away from A&E
 - Reducing unnecessary visits and avoidable emergency admissions
 - Boosting individual A&E departments
- 5.5 NHS South Cheshire Clinical Commissioning Group implemented a robust and challenging process, overseen by the Urgent Care Working Group. All partners and third sector organisations were given the opportunity to apply for some of the funding and 41 applications were received.
- 5.6 Evaluation was facilitated in December through the Urgent Care Working Group where 21 of the bids were supported, with organisations receiving between £2 - £316K. Supported applications included:
- Additional social work support within the hospital with Local Authorities
 - Urgent Care Centre Sunday opening with the hospital
 - Disabled family support with Cheshire Buddies
 - Additional psychiatric liaison support with Cheshire and Wirral Partnership

6. 13-14 Health Economy Pressures

- 6.1 Although there was little activity relating to pandemic flu or major severe weather, the winter continued to present challenges to NHS Mid Cheshire Hospital Foundation Trust as it experienced bottlenecks in processing patients at the front (A&E) and back (patient discharge) doors and experienced a number of infection control issues relating to diarrhoea and vomiting (D&V) outbreaks.
- 6.2 NHS England's late notification of funding in 2013 did create some challenges for the supported applications to have the desired impact on the local health economy, particularly in respect of recruiting professionally trained staff. These issues impacted the availability of bed capacity within the hospital and affected performance of the 4 hour standard.
- 6.3 NHS Mid Cheshire Hospital Foundation Trust's Emergency Department achieved the 4 hour standard in the first two quarters of the year,

struggled in quarter 3 and failed the standard in quarter 4, compared to the Urgent Care Centre which achieved the standard for all 4 quarters. On a positive note, the performance of the Urgent Care Centre did mean that the standard was achieved at Trust level. The failure of quarter 4 was down to a virulent strain of D&V, which re-infected patients just before the 72 hour all clear timeline.

7 Changes for 14-15

- 7.1 In the summer of 2014, NHS England notified Clinical Commissioning Groups that Urgent Care Working Groups were to be developed into System Resilience Groups (SRG) and be responsible for elective and non-elective performance.
- 7.2 An Operational Resilience and Capacity Plan (ORC Plan) was produced, approved and submitted to NHS England on the 30th July 2014.
- 7.3 The ORC Plan was extremely well received by NHS England who indicated they felt Medium Assured with the 2014/15 winter planning arrangement and identified the following main areas of concern:
 - Primary care resilience
 - Mental health resilience

8. 14-15 Winter Pressures Investment

- 8.1 In May 2014 the Urgent Care Working Group undertook a review of the 2013/14 process and outcomes, identifying that in 2014/15 winter funding would be best utilised to deliver:
 - Provision of services in the community (Primary Care, Third sector, Social Care and Community Services) to reduce A&E attendances, admissions and readmissions.
 - Within Secondary care to reduce average length of stay and improve patient flow.
 - Additional workforce around the discharge team to reduce Delayed Transfers of Care and improve the hospital discharge processes.
- 8.2 To help alleviate the recruitment pressures felt last winter, this years' announcement was made in June. For this year, NHS England allocated £1,077,705 to NHS South Cheshire Clinical Commissioning Group and £636,496 NHS Vale Royal Clinical Commissioning Group (total £1.7m).
- 8.3 NHS England also announced an additional £250m fund to address pressures in delivery of the 18 Referral to Treatment (RTT) target. This funding is in additional to current Trust contract levels and has enabled

hospitals to undertake additional elective activity between July – September in preparation for the non-elective winter increase on resources.

8.4 In preparation for this winter, the 2013/14 winter investment approach was developed further and approved in June by the Urgent Care Working Group. The new process utilised national and local priorities in a two tier evaluation process; with Phase One taking place in July and Phase Two in August/September. The following outcomes were used to evaluate the applications:

- Reduce A&E attendances
- Reduce A&E Non Elective Admissions
- Reduce the Number of Patients Experiencing Delays in Discharge
- Reduce the Average Length of Stay for Admitted Patients
- Increase the Number of Patients Signposted to more appropriate services from A&E and UCC
- Increase the Number of Telephone Calls to NHS 111

8.5 This winter funding process was promoted to all partners and the third sector in June 2014 and on the 4th July 58 applications were received. Submitted applications were considered at the July Urgent Care Working Group and were categorised as fully supported, supported in principle or not supported. 44 of the submitted applications went through to Phase Two.

8.6 Organisations were requested to further develop their applications (sometimes in partnership), strengthening their funding requests and submitting revised application by the 8th August. 34 revised applications were received and Phase Two evaluation is taking place through the Urgent Care Working Group during August and September.

9.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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