

Health Scrutiny Panel

29 March 2018

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| Report title | Winter Planning 2017/18 – Update Report |
| Report of: | David Watts, Director of Adult Services, City of Wolverhampton Council David Loughton, Chief Executive of Royal Wolverhampton NHS Trust Helen Hibbs, Accountable Officer – Wolverhampton Clinical Commissioning Group |
| Portfolio | Adult Social Care Health and Well Being |

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Note and scrutinise the information relating to NHS and Local Authority adult social care winter planning preparedness, achievements and outlook for 2017/18.

1.0 Introduction

- 1.1 An update has been requested to inform the Health Scrutiny Panel on overall progress in ensuring best use of hospital and community resources for people in the City of Wolverhampton in the context of annual winter planning.
- 1.2 Wolverhampton health and social care economy continues to mature and sustainably embed whole system change. This has been particularly evident during the last 12 months. The joint and individual agency winter planning work undertaken by organisations has been essential.
- 1.3 The period since October/November 2017 has been one of the most challenging on record for the acute and community trust with health and social care partners. Significant national attention on Delayed Transfers of Care (DTOC) remains as this is not an isolated local problem and has presented as a high-profile issue for most health and care systems.
- 1.4 Winter planning for acute and community Trusts and Clinical Commissioning Groups (CCGs) traditionally commences in June/July prior to the coming winter. This follows local and regional reviews of the previous winter and lessons learnt. Management of the winter period in the health sector is generally highly prescriptive about actions that should be taken and reporting mechanisms that will be undertaken throughout the period.
- 1.5 Management of the winter period and other emergency pressures is led by the Wolverhampton Health Economy A&E Delivery Board, chaired by Dr Jonathan Odum from the Royal Wolverhampton Trust (RWT.) It has senior membership from key partner organisations - Wolverhampton CCG, City of Wolverhampton Council, Black Country Partnership NHS Trust, West Midlands Ambulance as well as regulators from NHS Improvement and NHS England. Along with all other health and care systems, we are required to produce a resilience plan annually which details the actions that organisations will undertake in order to manage their winter pressures. See **Appendix 1** for a copy of the Wolverhampton Health Economy Winter Plan 2017/18.
- 1.5 Whilst achieving significant improvement in DTOC for Wolverhampton residents there has still been immense pressure at RWT, due to flows of patients from adjoining geographical areas. This would have been significantly more challenging over the recent period if local performance improvements in the City of Wolverhampton had not been achieved. Issues and achievements by agencies in the system are outlined in the report.

2.0 Pressures on the health and social care system

- 2.1 Financial challenges for both the NHS and Social care have been well documented throughout the year. Social care leaders and the Local Government Association (LGA) continue to challenge for a longer term sustainable financial settlement for social care. Similarly, NHS leaders have highlighted the significant funding challenge faced across the health system.

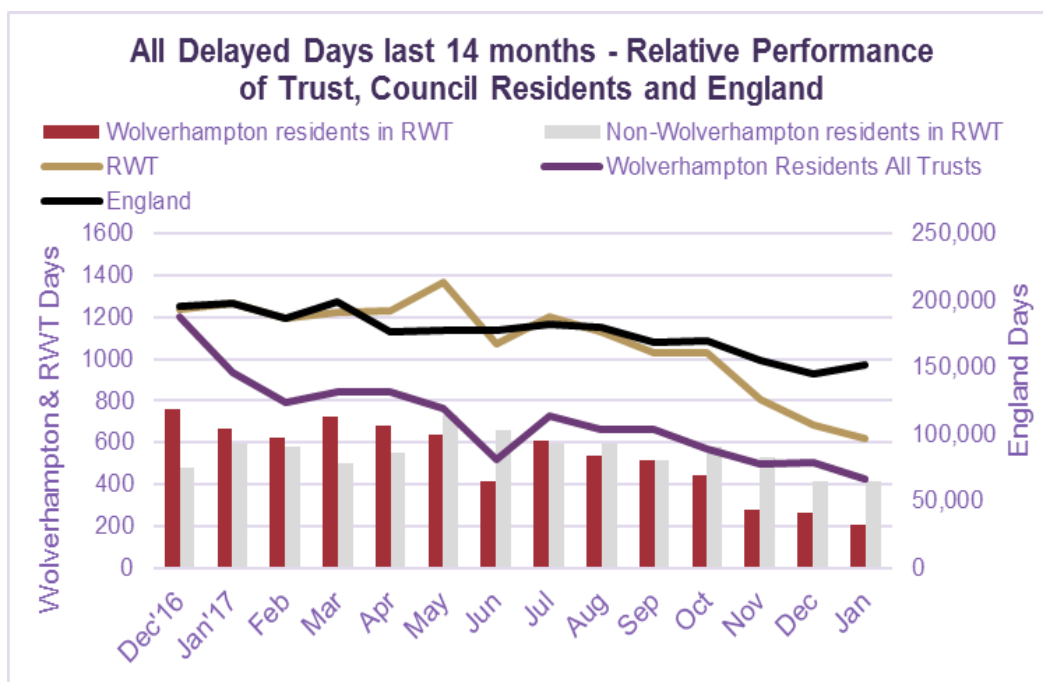
- 2.2 Additional funding has been made available, as detailed below. Whilst all additional monies have helped with current pressures, the amounts have been criticised for falling short of NHS, Local Government and independent analysis of requirements to sustain the systems.
- 2.3 In the Spring 2017 Budget announcement the Chancellor announced an additional £2 billion for social care over three years as senior leaders highlighted the impact under-funding of social care was having on the NHS. This money is referred to as the “improved Better Care Fund” (iBCF). The money tapers over three years with no guarantee of provision after 2019. Therefore, plans need to be careful in avoiding long-term pressures in adult social care budgets. This funding was also closely linked to improving DTOC. The sums for Wolverhampton were £6.4 million (2017-2018), £3.9 million (2018-2019) and £1.9 million (2019-2020).
- 2.4 In Autumn 2017, the chancellor announced an additional £6.3 billion of funding for the NHS, which consisted of:
- a) £2.8 billion of additional resource funding over 2017-2018, 2018-2019 and 2019-2020 for the NHS in England for day to day spending on, for example, surgeries and treatments.
- b) £3.5 billion of capital investment for buildings and facilities in the NHS in England by 2022-2023, including:
- £2.6 billion for the NHS’s Sustainability and Transformation Partnerships for improvements in facilities
 - £700 million to support turnaround plans in those trusts facing the biggest challenges, and to tackle the most urgent and critical maintenance issues
 - £200 million to support efficiency programmes that will, for example, help reduce NHS energy bills, and fund technology to allow more staff time to be directed towards treating patients.
- 2.5 An additional £350 million in-year was also announced to support the NHS through the winter period. Well in advance of this, senior health leaders including Simon Stevens (Chief Executive, NHS England), were highlighting the risks heading in to the winter period and the challenges that acute hospital trusts and primary care would face.
- 2.6 The additional money was initially intended to be allocated to hospitals that did not have co-located urgent care or primary care centres. Wolverhampton already has co-location of the Emergency Department and an Urgent Care Centre, managed by Vocare, in the main hospital building. Therefore, it was not until early September 2017 that Wolverhampton Health Economy received confirmation that it would receive capital monies that would enable RWT to build and combine an Ambulatory Emergency Care and Frailty Unit on the first floor of the Urgent Care Centre at New Cross Hospital. The Trust was allocated £895,000. The frailty section was opened just before Christmas and the ambulatory section was completed at the end of January. The full potential and impact of this Unit on the management of emergency patients is still being realised, clearly. However, with increased staffing and recruitment it is expected that our health and care system and patients will see improved care throughout 2018-2019.

- 2.7 The final sign-off of this business case between the Trust and the WCCG is due for completion in March 2018.
- 2.8 In addition to the financial challenges, various issues such as General Practitioner (GP) and nursing recruitment have been highlighted as pressure points for the NHS.
- 2.8 Seasonal flu rates have also been significantly higher locally, regionally and nationally and have impacted on the need to admit people with acute respiratory problems to hospital. The Trust has had positive flu (A&B) strains identified resulting in more admissions. This increase in number of positive flu patients has resulted in additional pressure on the Trust. The severity of illness has resulted in increased length-of-stay for patients, especially those with other co-morbidities.
- 2.9 On the 3 January 2018, RWT raised its escalation to a Level 4, the highest level. Quick actions in the local system enabled de-escalation to a Level 3 on the same day and a Level 2 the following day. As a result of an increase in admissions for flu, the Trust enacted its Flu Continuity Plan in January. This is part of the RWT Business Continuity Plan through which RWT designated two wards for patients diagnosed with flu. In order to ensure this was successful, RWT also purchased enhanced flu testing equipment that meant that patients could be swabbed for flu in the Emergency Department and results would be returned within four hours. If the results were positive, patients could be transferred to the designated wards. This resulted in some patients waiting longer than the mandated four hour target for admission. However, patient safety and that of those who might come into contact with patients with flu was deemed important. Flu spreads easily and can cause unwell patients further complications. Patients who were in contact with positive flu patients (i.e. in the same bay) are prescribed Tamiflu where appropriate.
- 2.10 RWT has also had to enact its severe weather plan on two occasions. Once in December 2017 and the other more recently at the end of February/ beginning of March 2018 as a result of significant increase in snow fall. This resulted in RWT having to call for assistance from staff and the public who had access to 4-wheel drive cars to enable staff to be transported to work. In order to ensure that patients who were ready for discharge could arrive home safely via non-emergency transport some outpatient appointments were rescheduled. Staff working in the community also had to prioritise calls to those patients who were most in need of visits, either from the community or health visitor team. Accommodation was provided on the Trust site for those staff who knew they would not be able to return home and then return to work. The response from the staff across the organisation has been exceptional to ensure that full 24/7 service was provided to all patients.
- 2.11 Pressures in acute hospitals in neighbouring authority areas have led to some ambulances being diverted to RWT. This has again increased pressure on the hospital on days where that has occurred.

3.0 Summary of Council DTOC performance and local improvement

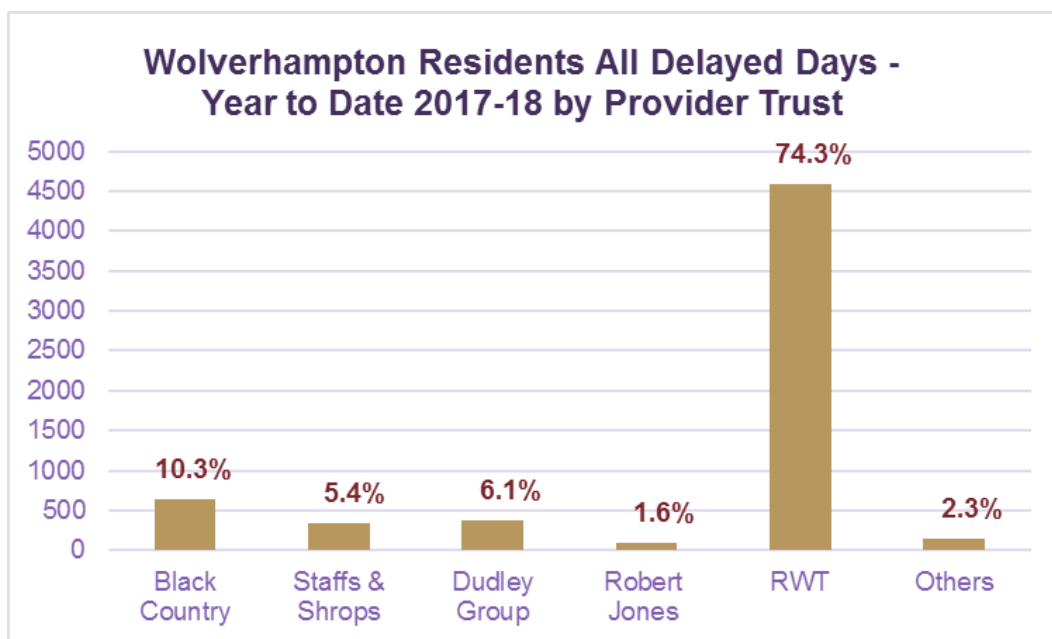
- 3.1 The majority of delays for Wolverhampton residents occur at the local acute hospital trust, RWT. Therefore, for this report, RWT is the primary focus. However, there has also been improvements with respect to Wolverhampton residents in other local Trusts where delays have occurred including Dudley Group and Penn Hospital.
- 3.2 Sustained improvement has been evidenced for Wolverhampton residents over a period of approximately 21 months. However, this report focuses on the last 14 months up to and including January 2018. The key source of data used is published approximately 6 weeks after the end of each calendar month explaining why February 2018 data is not included at the time of writing.
- 3.3 The last fourteen months data from December 2016 to January 2018, is set out in Figure 1. This shows a significant reduction in the overall levels of recorded monthly delayed days.
- 3.4 Over this period the improvement for Wolverhampton residents has been more significant than for RWT, who routinely treat patients from other health and social care systems, with a trajectory that initially was more in line with the national trend until October.
- 3.5 However, the rate of RWT reduction has picked up pace in the last three reported months. Additionally, the graph shows that the overall performance for Wolverhampton residents has improved at a greater pace at RWT than for other health and social care systems that have patients in RWT.

Figure 1 - Relative performance between December 2016 and January 2018 (Source: NHS Statistics)



- 3.6 The overall reduction between December 2016 and the latest DToC figures published for January 2018 show a reduction of 65% for Wolverhampton residents and 50% for RWT. In comparison the national reduction is 22%.
- 3.7 Delays for Wolverhampton residents have the potential to occur in any Trust in the country. However, as shown in Figure 2, RWT remains the predominant health care provider for the city. The proportion of delays recorded in RWT increased from 70% at the end of 2016-2017 to 74.3% in the year-to-date at the time of writing. In contrast, the proportion of delays for the BCPFT reduced from 19% at the end of 2016-2017. However, these are in the context of the overall reduction in delayed days.

Figure 2 – Proportions of Wolverhampton Delays in Provider Trust for Year-to-Date 2017-18 (Source: NHS Statistics)



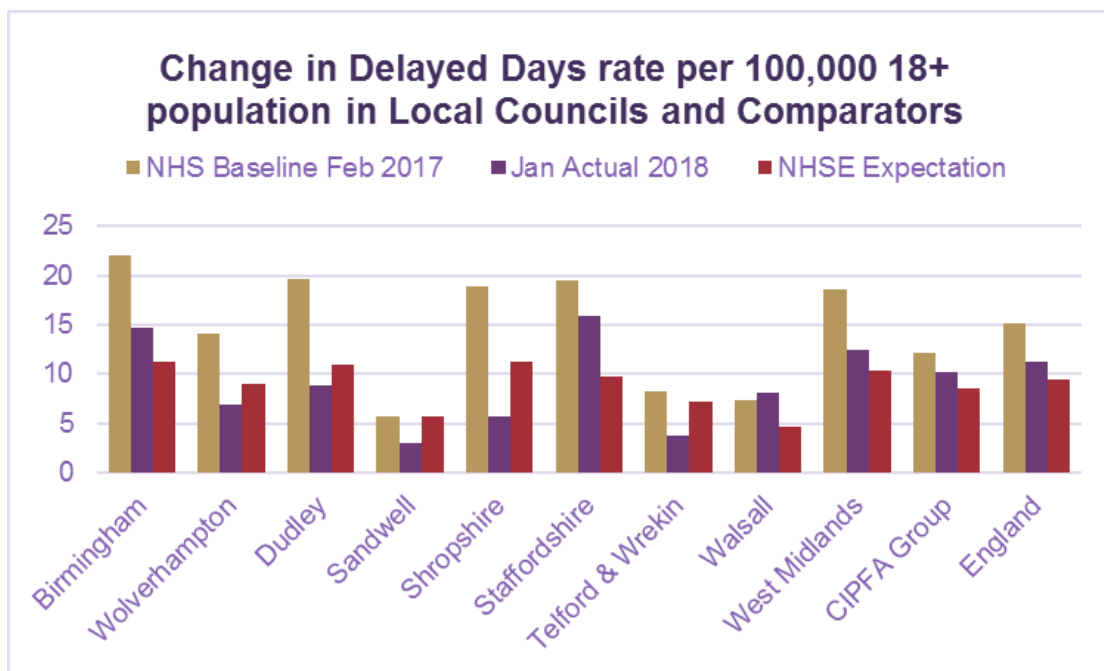
- 3.8 A quarterly performance “Dashboard,” developed jointly by the Department of Health and Department for Housing, Communities and Local Government, was published in July 2017. This contained a set of measures indicating how health and social care partners in every Local Authority area in England are performing at the interface between health and social care.
- 3.9 Included in the Dashboard is a breakdown of delayed days per 100,000 of the local population aged 18 and over and the detailed expectations for Delayed Transfers for both Local Authorities and NHS Trusts based on baseline figures from February 2017. These expectations are linked to the NHS England (NHSE) Mandate for 2017-2018 which states that that DTOCs should equate to no more than 3.5% of all hospital beds by November 2017.
- 3.10 This has allowed health and care systems to compare themselves to similar areas and have conversations about good practice. The Dashboard also provided greater transparency for those local areas that were not performing well to enable improvement

support to be targeted.

3.11 Figure 3 shows benchmarking across a number of areas including:

- a) Detailed benchmarking against geographically closest West Midland Authorities
- b) Benchmarking against West Midlands average
- c) Benchmarking with CIPFA nearest statistical comparator average
- d) Benchmarking with England Average

Figure 3 – Expectations and change in rates of delayed days per 100,000 18+ population (Source: NHS Statistics)

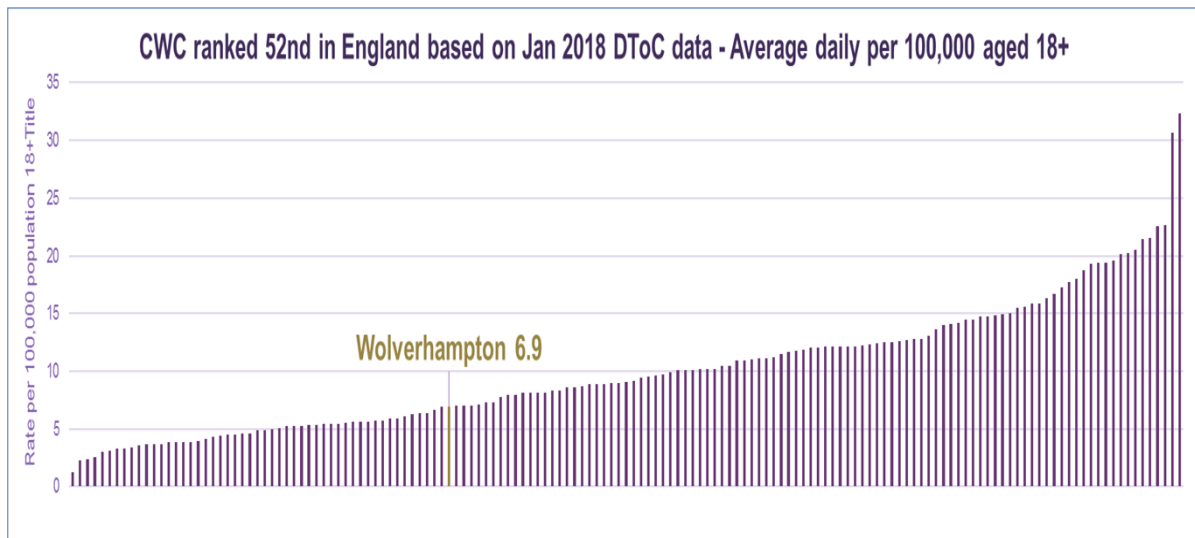


3.12 Figure 3 shows that five of the eight geographically closest council areas shown, including Wolverhampton, met or exceeded the NHSE expectations for the rate of delayed days per 100,000 18+ population.

3.13 Overall, the West Midlands average has improved since the February 2017 baseline but is not yet meeting NHSE expectations. Comparators produced by the Chartered Institute for Public Finance and Accountancy (CIPFA) have shown improvement but fell slightly short of meeting NHSE expectations which is a similar picture for the England average. Wolverhampton has both improved and is exceeding NHSE expectations as at January 2018 for all delays.

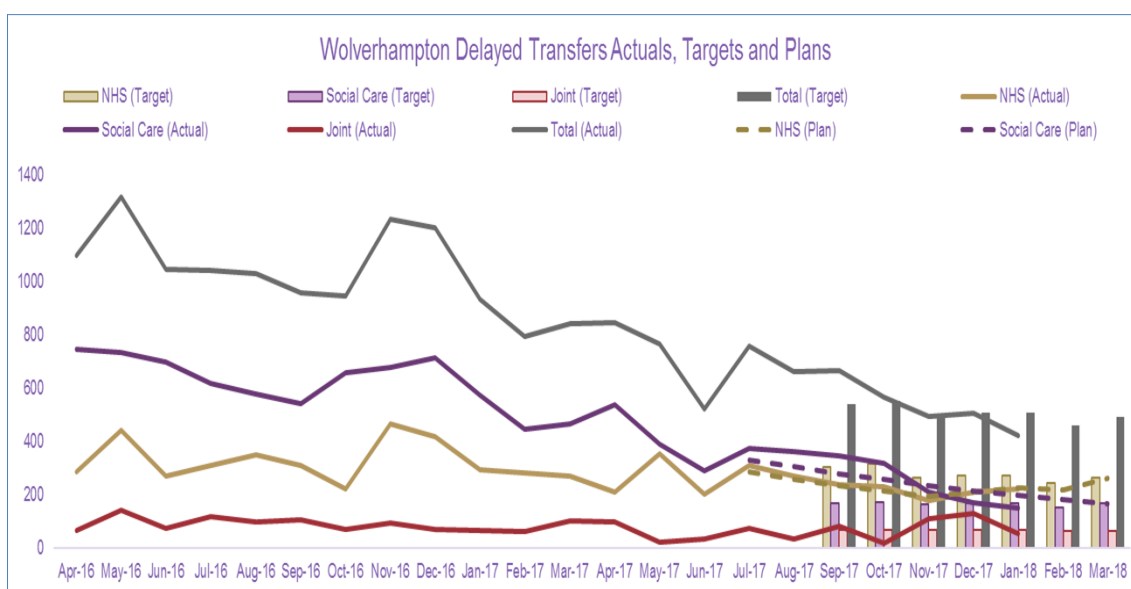
3.14 Figure 4 ranks the latest month's DTOC data (January 2018) measured as a daily rate per 100,000 of the population aged 18 or over. The figure of 6.9 for Wolverhampton places the city 52nd out of the 151 Local Authority area in England reporting delays during the month. This now means that Wolverhampton is in the upper-mid quartile for performance which represents genuine progress.

Figure 4 – Expectations and change in rates of delayed days per 100,000 18+ population (Source: NHS Statistics)



- 3.15** In comparison, Wolverhampton was ranked 96th based on the same measure for its performance between February and April 2017 which was reported as part of the quarterly NHS and Social Care Interface Dashboard, published by NHS England in July 2017.
- 3.16** Figure 5 demonstrates the improvement that has been made using the now recognised primary indicator for delayed transfers of care (“bed days delayed” rather than “number of people.”) The table sets out the number of delayed bed days for all Wolverhampton citizens anywhere in the country. This includes both acute and non-acute hospitals.

Figure 5 – Wolverhampton Delayed Days actual performance against target (Source: NHS Statistics)



- 3.17** Targets were set by NHSE and the Department of Health (DH) from September 2017 and the bar charts set out those expectations with the line graphs showing performance against those targets. Nationally published data runs approximately six weeks behind with January's data being published on the 8th March 2018. These figures show that in January 2018 the local system exceeded the NHSE target by 70 delayed bed days.
- 3.18** The Council and local NHS partners agreed that the important target is the overall total (the khaki green clustered column represents this target and khaki green line is actual performance) and had jointly communicated a realistic timescale of 31st March 2018 to achieve and sustain performance at NHSE target levels through the Better Care Fund submission for 2017-19. This submission was accepted and approved by NHSE.

4 Actions taken and recognition of the improvement

- 4.1** Other actions have been taken which have added to the improvement which has been achieved as follows.

4.2 Rapid Intervention Teams

Following a successful pilot, Wolverhampton CCG has commissioned a nurse-led community Rapid Intervention Team (RIT), provided by RWT. This team responds to patients in their own home who are experiencing an exacerbation of their condition with the aim of avoiding hospital admission. The RIT can be accessed by a patient's GP, the Emergency Department or West Midlands Ambulance Service. A recent audit has shown that the team receives an average of 14 referrals per day. The team record that only approximately 15% of patients seen by the service result in an emergency admission – an admission avoidance rate of 85%.

4.3 Step-up Beds

Wolverhampton CCG commission four "Step-up" beds which can be accessed by the RIT in order to avoid a hospital admission. These nursing home beds can be utilised for patients under the care of the RIT for up to seven days. This enables the team to provide more intensive nursing care to patients when required whilst still avoiding an emergency admission to hospital.

4.4 Admission Avoidance Beds

In addition to the Step-up Beds in the nursing home, Wolverhampton CCG have also worked with a local residential home through the winter period to make available two "admission avoidance" beds for patients with non-medical needs but who need some support for a number of days to enable them to return home safely.

4.5 GP Access

GP practices are working collaboratively to provide additional appointments both in the week and at weekends for their patients. This gives patients more choice of accessing medical advice and treatment and avoiding use of hospital Emergency Care. This provides additional resilience in the system.

4.6 The following chart summarises some of the work completed, the factors that have led to current achievements and updates on where this has been recognised.

| What we did | Success factors | Where this is recognised |
|---|---|--|
| <ul style="list-style-type: none">• Red to green• The red bag project• Quality assurance meetings• Streamlined assessments• Discharge hub• Additional Very sheltered housing – step down• Additional domiciliary reablement | <ul style="list-style-type: none">• Close working – Ops and commissioning• Knowing our data & using it• Holding our position consistently• Strong, consistent arguments• Influencing with regional and national bodies• Empowered and supported managers• Hard work | <ul style="list-style-type: none">• ADASS regionally• The National Better Care Support Team• Social Care Institute of Excellence (SCIE)• NHS England• Royal Wolverhampton Trust• Clinical Commissioning Group• The LGA |

5.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

| | |
|--|--------------------------|
| Wider Determinants of Health | X |
| Alcohol and Drugs | <input type="checkbox"/> |
| Dementia (early diagnosis) | X |
| Mental Health (Diagnosis and Early Intervention) | X |
| Urgent Care (Improving and Simplifying) | X |

6.0 Decision/Supporting Information (including options)

6.1 The purpose of this Report is to inform Health Scrutiny Panel of progress to date and all relevant information has been included above.

7.0 Implications

Please detail any known implications in relation to this report:

- Financial implications – the financial context of the winter planning activity was outlined at paras 2.3- 2.6 above. The key issue for the City of Wolverhampton and all local areas is sustainability over time when national financial settlements are not known.
- Risks – the uncertain financial context means that it is hard to be completely confident that the real achievements which have been made over the last year can be sustained over the long-term. The representations made by both Local Authority and NHS leaders to address this situation were outlined at para. 2.1 - 2.2

8.0 Schedule of background papers

8.1 None.