Derby City Council

**HEALTH AND WELLBEING BOARD**
**8 May 2014**

# ITEM 5

Report of the Chief Officer,
Southern Derbyshire Clinical Commissioning Group

## Winter Pressures – Emergency Admissions over the Winter Period


## SUMMARY

1.1 Winter is the time that places greatest strain on health and social care services. The performance of the NHS is usually judged by the percentage of patients who are seen in A&E and either discharged or admitted within 4 hours.

1.2 A&E performance, however, is only a symptom of how a whole system is performing. In Southern Derbyshire, work between all agencies has been managed through four work streams. These aim to:
1) prevent unnecessary attendances at A&E or avoidable hospital admissions
2) ensure that patients who do arrive at hospital are assessed as quickly as possible and decisions made about their future care
3) ensure there is a smooth flow of patients through the hospital
4) ensure there are good discharge arrangements to enable patients to return home

1.3 Each of the workstreams has been jointly led by a GP from the CCG and a hospital consultant, with work coordinated through the Urgent Care Clinical Oversight Executive (UCCOE). The health community also benefitted from an additional allocation of £4.5m from NHS England, in recognition of the particular difficulties being experienced locally.

1.4 The attached performance reports have been specifically designed in Southern Derbyshire to monitor performance across the whole health and social care system and will be discussed in more detail at the meeting.


## RECOMMENDATION

2.1 The Board is requested to note the good performance of the health and social care system over the last 6 months.

2.2 The Board is also asked to recognise that a number of the initiatives that were successful during the winter have only been funded non-recurrently through additional funding received during 2013.

## REASONS FOR RECOMMENDATION

3.1 Without effective joint working between health and social care, and between commissioners and providers, it would not have been possible to achieve the good outcomes for the population that have resulted.

## SUPPORTING INFORMATION

4.1 The following provides some idea of the range of initiatives that helped the health community manage through winter:

**Extension of community Single Point of Access (SPA**)
The SPA service provides access to a multi-disciplinary health and social care team through one phone call, co-ordinating care for frail elderly patients. Derby City SPA was extended for GPs, DHU and EMAS from 8am – 8pm, 7 days a week (from mid November 2013).

**"My Health" – Southern Derbyshire Health Coaching Scheme**
This six-month pilot involved the introduction of a telephone-based health coaching scheme for 100 patients with COPD. It went live on 1 November 2013 and runs to April 2014. The pilot supported 70 patients who were diagnosed with Chronic Obstructive Pulmonary Disease (COPD) that are known to be at risk of readmission to Royal Derby Hospital (RDH) over the winter months and reduce admissions.

**Virtual Hospice**
Virtual Hospice beds have been identified within care homes in Southern Derbyshire. These beds are specially provided to offer 24-hour care to patients with a life-limiting illness. There are 4 beds which can offer extra care and support to patients in crisis and so avoid admission.

**Extension of RightCare plans**
The CCG is incentivised practices to increase the number of plans they have for vulnerable patients, particularly those in Care Homes or patients at the end of life. The initiative aimed to ensure there were up-to-date summaries of patient clinical records to ensure continuity of care. The plan is drawn up by the GP and provides information to other health professionals to help manage the patient out-of-hours, and can help reduce ambulance conveyances and hospital admissions by enabling clinicians to assess information.

**Frail & Elderly Assessment Service**
A multi-disciplinary Frail and Elderly Assessment Service worked 8am – 8pm, 7 days a week based at the Royal Derby Hospital. This service identified any non-medical support needs whilst the medical assessment is in progress, which helped to enable more rapid discharge to ward or to home. It included a screening tool used within the Emergency Department and Medical Assessment Unit to identify frail patients. Documentation used by this team is shared with Community Services and primary care to reduce duplications and ensure a single patient record.

**Primary Care Co-location Service at the Royal Derby Hospital**
This pilot service became operational on 8 November serving Friday evenings (1830-2359) and Saturdays, Sundays and public holidays (1000-2359), and was designed to relieve pressures on ED by streaming appropriate minors patients through to a GP or primary care nurse. From 13 December, children started to be similarly streamed from children's ED. Friday evening numbers being streamed were relatively low to date, so the service switched from a Friday evening to a Monday evening.

**Use of Nursing Home Beds**
Additional care home beds, commissioned by the CCG for the winter period, worked well in supporting patient flow during winter. The beds were used for the temporary care of patients who were no longer in need of acute care but required complex packages of care or recuperation before returning home. Patients moving through this pathway were managed by the Home to Assess Team to ensure co-ordinated care and this helped to reduce some of the occupancy pressures in the acute trust. It provided a better environment for patients overall, but this service in particular allowed some patients a much needed step, away from an acute trust, to either recuperate or plan their next step in their pathway.

4.2 **Community Support Team (CST) Update**
Community Support Teams are a key development between health and social care in delivering integrated services for patients. They consist of a community matron, social worker, District Nurse and a Care Coordinator, with each Team working closely with one or two GP practices. The aim of the teams is to anticipate individuals who might be approaching a crisis and then organise sufficient support to avoid a hospital admission. Community Matrons and Care Coordinators have now been recruited for all CSTs in Derby City and will start to have an impact during 2014.

**Publicity Campaign**
A publicity campaign aimed at raising public awareness of primary health care options (including self-care) was developed and went live in December. The campaign included a direct mailshot to every home in Southern Derbyshire explaining local NHS services; a website/microsite providing the same information online; materials for GP Practices/service providers and outdoor advertising. The campaign aimed to encourage the public to seek advice early before their illness became an emergency.

4.3 All these initiatives have resulted in significant improvements in the urgent care systems in Southern Derbyshire. As well as recording much smaller increases in both A&E attendances and non-elective admissions, Derby hospitals have delivered against the target of seeing 95% of A&E attendances within 4 hours of arrival for each of the last 8 months.

**This report has been approved by the following officers:**

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| **Legal officer**<br>**Financial officer**<br>**Human Resources officer** | |

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| **Service Director(s)**<br>**Other(s)** | |

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| **For more information contact:** | Andy Layzell, Chief Officer, Southern Derbyshire Clinical Commissioning Group. Andy.Layzell@Southernderbyshireccg.nhs.uk |
| **Background papers:** | |
| **List of appendices:** | Appendix 1 - Implications |

**Appendix 1**

**IMPLICATIONS**

**Financial and Value for Money**

1.1 In 2013/14 SDCCG received additional winter funding of £4.5m from NHS England to improve performance of the urgent care system in Southern Derbyshire. The majority of this funding was committed to community based schemes to avoid unnecessary attendances at A&E and to facilitate discharge.

The current national payment mechanism only provides acute hospitals with 30% of the full tariff for any non-elective activity above 2008 levels. The balance (70%) of the tariff payment is to be invested by commissioners to provide community based alternatives to admission. The 30% tariff payment does not fully recompense the Trust for the costs of additional admissions.

**Legal**

2.1 N/A

**Personnel**

3.1 N/A

**Equalities Impact**

4.1 N/A

**Health and Safety**

5.1 N/A

**Environmental Sustainability**

6.1 N/A

**Asset Management**

7.1 N/A

**Risk Management**

8.1 N/A

**Corporate objectives and priorities for change**

9.1 The additional winter funding received in 2013/14 is non-recurrent. All of the schemes funded are being evaluated and the intention will be to fund successful schemes on a recurrent basis, subject to funding being available. The Better Care

Fund has enabled some further funding to be committed to schemes that facilitate joint working on urgent care.