

Report for the West Berkshire Health & Wellbeing Board

Update on Winter Resilience Investments and Impact

D R A F T

1. Background

On 13 June 2014 NHS England published a framework to support planning for operational resilience during 2014/15. On the same day a letter was sent to all Accountable Officers across the NHS and Local Authority Chief Executives setting out the expectations of how the system would work together to develop robust plans for managing operational resilience through 2014/15.

The planning guidance encouraged systems to move beyond traditional winter planning for urgent care and consider year round resilience across both urgent and planned care. This was partly driven by pressures in delivery of the referral to treatment (RTT) standard, but primarily driven by the principles of good local healthcare planning being equally focussed and resilient across planned and urgent care.

CCGs were required to submit an Operational Resilience and Capacity Plan on behalf of their local health and social care economy addressing the requirements outlined within the planning guidance. The Berkshire West CCGs worked with the system to produce a plan which was submitted to NHS England in line with national timelines in August 2014. The plan was then subject to an assurance process and was approved in October 2014.

£ 2.6m national resilience funding was allocated to the CCGs upon successful assurance of plans as below.

Table 1: Central Resilience Funding Allocations

CCG	Allocation
Newbury & District CCG	£609,696
North & West Reading CCG	£600,822
South Reading CCG	£648,500
Wokingham CCG	£813,536
Total	£2,672,554

2. Allocation of Non –Recurrent Funding and Bidding Process

The CCGs allocated an indicative proportion of the funds to Providers as per the table below.

Table 2: Allocations to Providers

Provider	Allocation
Primary Care	£500K
RBFT	£500K
BHFT	£500K
SCAS	£200K

Local Authorities	£200K each
Alamac costs	£100K
Contingency	£200K

The rationale for the allocations was as follows;

1. Historically Primary Care has not been allocated resilience funding but this year the guidance specifically referred to the need for plans to include the use of primary care to support patients with urgent care needs
2. The sum allocated to RBFT reflected the fact that the Monies Retained from the Emergency Tariff (MRET) had already been allocated to the Trust
3. BHFT and Local Authorities - the guidance specifically referred to the need for plans to include the use of community, mental health and social services.

Organisations were then invited to submit bids against their indicative allocation. Bids had to be linked to the principles of good practice in the planning guidance and be related to initiatives or services which had demonstrated success in supporting non elective care pathways.

3. Investments from ORCP monies

3.1 Tranche One

Due to a failure to consistently meet the A&E 4 hour standard during 2013-14, the system was required to produce an Urgent and Emergency Recovery Plan in January 2014. The diagnostic exercise undertaken as part of developing that plan, helped the system to understand where improvements were needed to improve patient flow. The decisions on which schemes to fund from the resilience monies for 2014-15 were linked to this diagnostic to ensure that investment was being targeted in the right areas. Commissioners also needed to be assured that robust metrics were in place so that the impact of schemes could be tracked.

After the evaluation and prioritisation exercise the Urgent Care Programme Board approved the following schemes to be funded from the resilience monies.

Table 3: Bids funded from Tranche One monies

What the diagnostic work told us	What we measure in Alamac to track progress	What initiatives are we investing in for winter 14-15
Need to 'know our numbers' and understand and react to the impact of changes and investments across the system	Review and add measures to Alamac as necessary to track impact of investments and developments on both health and social care	1. Alamac dashboard 2. ORCP Co-ordinator
Need to maintain flow through the ED and have rapid access to senior triage	ED 4 hour performance Daily ED attendances	3. ANPs to support STATing 4. Additional ambulatory care capacity 5. Privacy and Dignity nurses in ED at peak times
Need to maintain flow 7 days per week	Daily discharge numbers from ECU and AMU Daily numbers through the Discharge Lounge	6. Additional medical staff to discharge 7 days 7. Week-end opening of Discharge Lounge

		8. RBC 7 day capacity 9. WBC SW and OP capacity 10. Pharmacy opening evenings and week-ends
Need to have timely effective discharge from acute and community beds	Average LOS on Ready to Go list	11. Discharge and Placement Leads in the Community 12. Integrated Discharge Team at the RBH 13. Additional Reablement capacity (Reading) 14. Supported Discharge (RBC) 15. Willows supported discharge expansion (RBC) 16. Trusted Assessor training (WBC) 17. Extra Care housing (RBC) 18. Scheme to support reduction in DToCs (WBBC)
Predict and manage surges	Triggers and alerts defined	19. Additional doctors to manage surges in demand 20. Additional surge capacity in OOH Primary Care 21. Early Bird GP with SCAS (to smooth flow)
Ensure good quality access arrangements in Primary Care		22. Additional capacity across all CCGs
Find alternative pathways for mental health patients		23. Mental Health street triage (BHFT/SCAS)

3.2 Other National Monies

In addition to the Tranche One allocations Berkshire West CCG also received additional national resilience monies as follows;

- £213k for NHS 111 resilience schemes across the Thames Valley
- £406k for SCAS resilience across the Thames Valley
- £351,260 for mental health resilience schemes.

A further allocation of £1.09m was also received in November 2014.

4. Schemes specific to West Berkshire

4.1 West Berkshire Borough Council

West Berkshire Council was allocated £200,000 based on a successful bid for £100k to support 'Urgent In Hospital Assessment' and a further £100k to support 'Urgent Care Delivery'.

The Initiative was designed to improve Delayed Transfers of Care performance by West Berkshire Council which is an Authority that has been subject to scrutiny by the Secretary of State in light of the national DToC performance data.

Description of the Schemes

'Urgent In Hospital Assessment': Local Authority staff will expand the service which engages with patients at point of admission to commence formulation of their discharge arrangements. This service will provide 2 Social Workers to engage with patients in the Royal Berkshire Hospital, and 2 Social Workers to accelerate discharges of patients in the West Berkshire Community Hospital. The service in the RBH is only funded to August 31st; it is proving successful and this funding will allow the early assessment process to be extended over the winter period. Using the same approach the new initiative in the WBCH will support the system pressures by facilitating an increased flow of patients from the Acute to Community hospital. The project is based on the assumption that a significant impact on DToC performance cannot be affected by reacting to requests for care when patients are declared fit, but rather the work needs to start at the earliest point to be opening up discharge routes and encouraging the health services to engage with accelerated safe discharges. This is of particular importance in the West Berkshire area which is experiencing major difficulty in arranging for care packages in a large rural area in which scarce care providers need longer notice periods to arrange care. It will also improve the timely availability of care home placements in an area which has limited local availability by providing a longer time frame for making the necessary negotiations with providers.

'Urgent Care Delivery': Enhanced care service providing fast response to care for patients living in rural areas where there is a lack of care availability. For the winter period the Council will build up a flexible carer team of 8.5 carers who will respond to requests for care in the most difficult rural areas providing bridging care whilst longer term care is being commissioned with the scarce supply of care in these difficult areas.

Anticipated Outcomes

The following were the anticipated outcomes of the schemes;

1. To reduce the numbers of patients appearing as delays on the 'Fit to Go List'. This will also reduce the 'decompensatory' effect of stays in hospital reducing the incidence of admissions direct to care homes, it will also maximise patient potential for independence and improve the success rate of reablement.
2. Reduction in number of delayed discharge days.
3. Patients requiring complex care packages in rural areas will no longer experience delays in provision of care due to their rural location. It will also reduce the 'decompensatory' effect of stays in hospital reducing the incidence of admissions direct to care homes, it will also maximise patient potential for independence and improve the success rate of reablement.
4. Improve the availability of beds in West Berkshire Community Hospital for patients transferring from RBFT.

Staffing for the Schemes

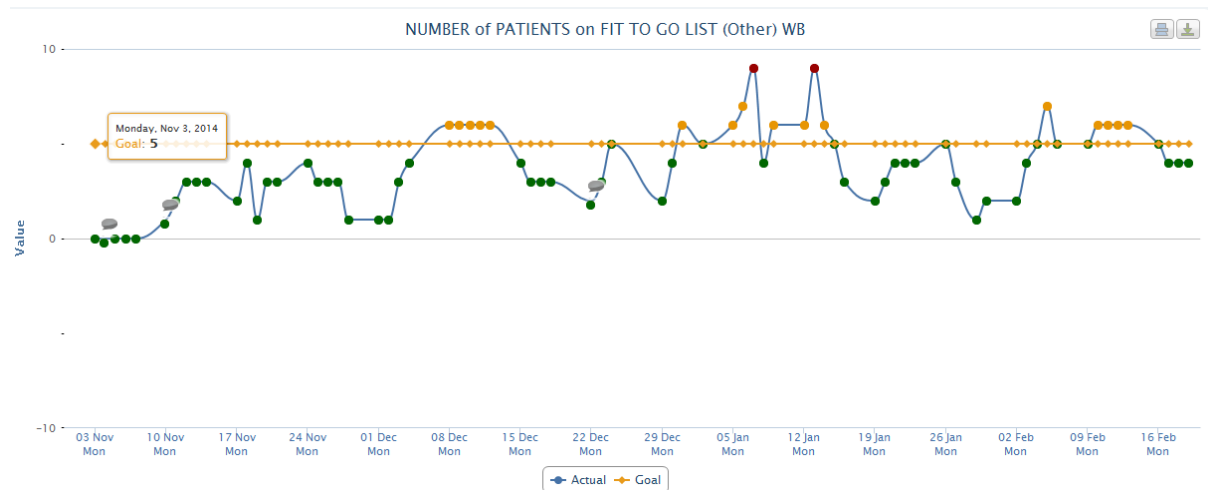
The funding was for the following staff;

- 2 Social Workers based at RBH for urgent assessments.
- 2 Social Workers based at WBCH for assessments from point of admission.

8.5 Care Workers to respond urgently to care needs of patients ready for discharge living in rural areas.

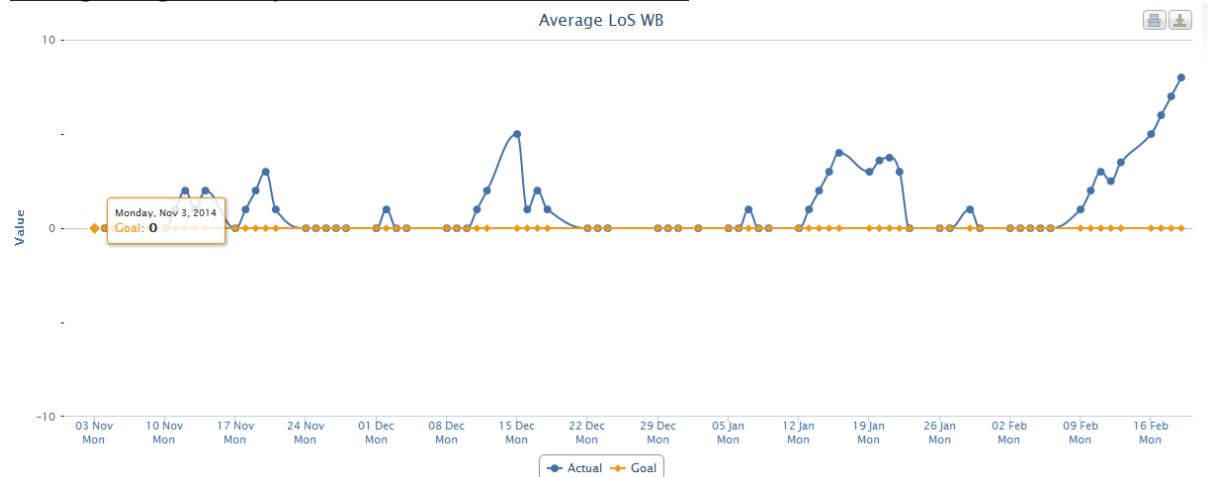
Outcomes and Impact

Numbers on Fit to Go List Dec-14 to Feb-15



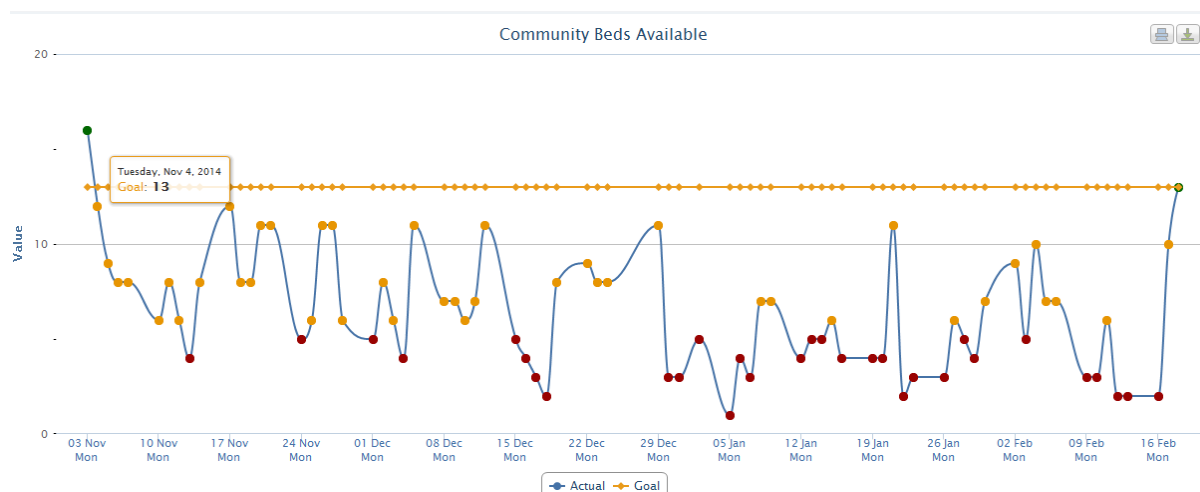
West Berkshire had a target of keeping the maximum number of people on the fit list below 9. Performance on this over the past year has been good so the target has reduced to 5; this has only been possible because of the additional investment provided through resilience funding.

Average Length of Stay on Fit to Go List Dec-14 to Feb-15



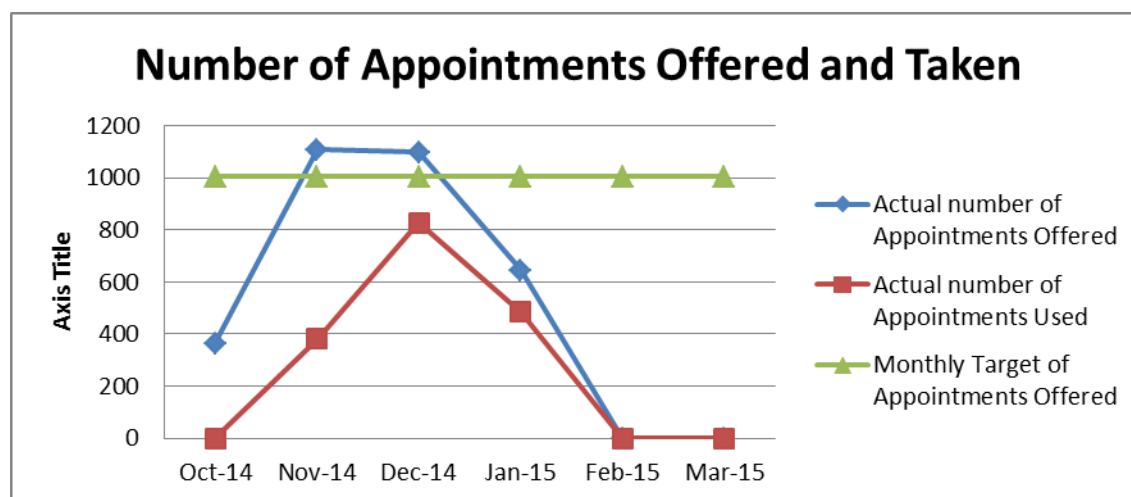
It should be noted that the numbers on the fit list for West Berkshire tend to be low and therefore the rise in average length of stay seen in February related to one individual. More recent data has seen the average length of stay reduce again, there is no target but the monthly average length of stay is 1.5 days.

Community Beds available Dec-14 to Feb-15

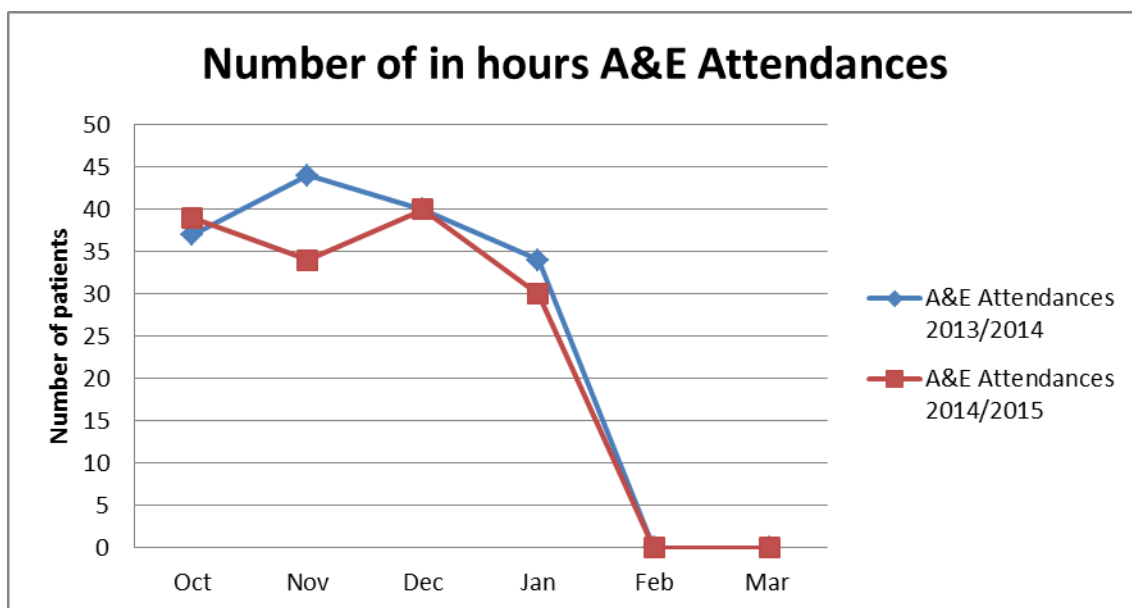


4.2 Primary Care Investment

Newbury & District CCG were allocated £180,990 for investment into additional resilience appointments in Primary Care. This equates to 6036 appointments across the 11 Practices.



In order to understand the impact of the additional appointments, attendance levels at the A&E department, Royal Berkshire Hospital are being monitored to see if there is a decrease in the type of minor attendances that could be seen in Primary Care. The graph below shows A&E attendances for patients with a Newbury & District GP who self-referred and were discharged to their GP or home (or left without being seen). The data is also restricted to Monday to Friday 0800 – 1830 as the appointments were to be offered in-hours rather than extended access.



To date Newbury & District GP Practices have offered 3216 additional resilience appointments since October 2014, equating to 53% of their allocation.

In hours A&E attendances appear to be reducing when compared to the same time period in 2013-14 with a 12% reduction in January 2015 and an 8% reduction overall to date.

5. Review of Winter to Date

An initial review of winter to date has been undertaken by the Urgent Care Operational Group and the key messages were as follows;

What worked well
Social Care support immediately up to and post Bank Holidays Use of bridging packages to maintain flow (using Intermediate Care) Integrated Discharge Team Additional staff capacity in BHFT (Westcall GP in ED, additional clinicians on community wards) Hospital Ambulance Liaison officer Senior Triage and Treat process SCAS and Westcall Early Bird GP Additional PTS capacity Dedicated Social Workers based at RBH (especially week-end cover) SOS Night Time bus Additional capacity in Reading Reablement which supported flexing capacity across localities Mental Health Street Triage
What worked less well
Social Care gaps on Bank Holidays (unable to start new packages of care, delays getting

residents back to Care Homes, exacerbated by Bank Holidays being adjacent to week-ends)
 Early engagement with Provider (agreed actions did not materialise)
 Lack of planning and mobilisation time for schemes due to late sign off and/or release of monies
 Staffing challenges (unable to recruit to schemes/issues with agency staff)
 Communications (potential opportunity for more messages on self care and more system wide comms)
 NHS 111 issues with call volume predictions

Opportunities

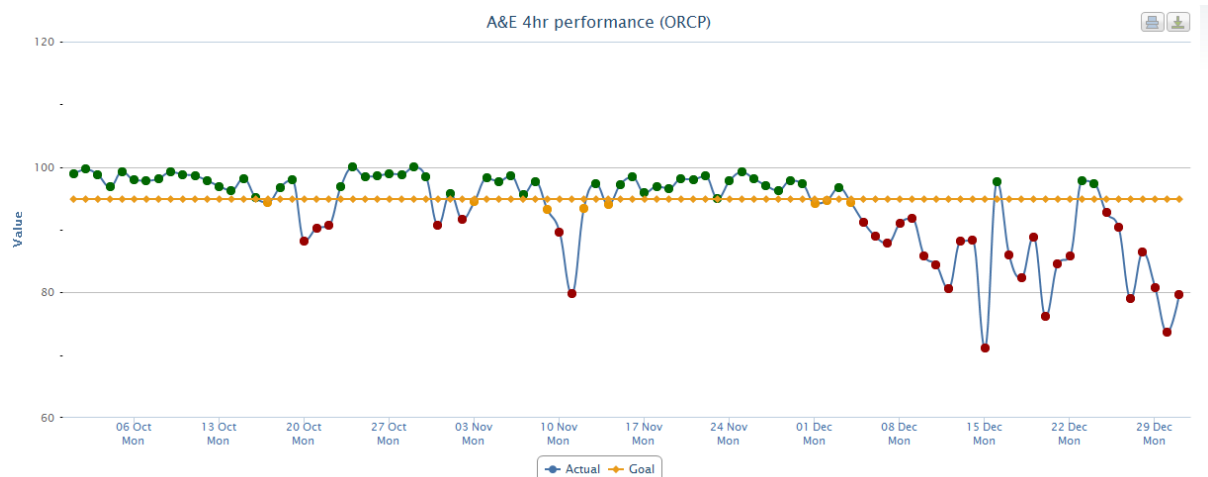
Providers to share On Call Director and other key contact details in advance
 Ability of junior doctors to write up TTOs at week-ends
 PTS at week-ends
 Potential for Councils to select and work with particular Providers and incentivise them to provide during the Christmas period
 Building on what we know is starting to work (Integrated Teams/Discharge to Assess)
 Timing and Co-ordination of calls and information flows

A full review of winter will be undertaken in March, building on these initial findings and the post project evaluations on the resilience initiatives.

6. A&E 4 Hour Performance

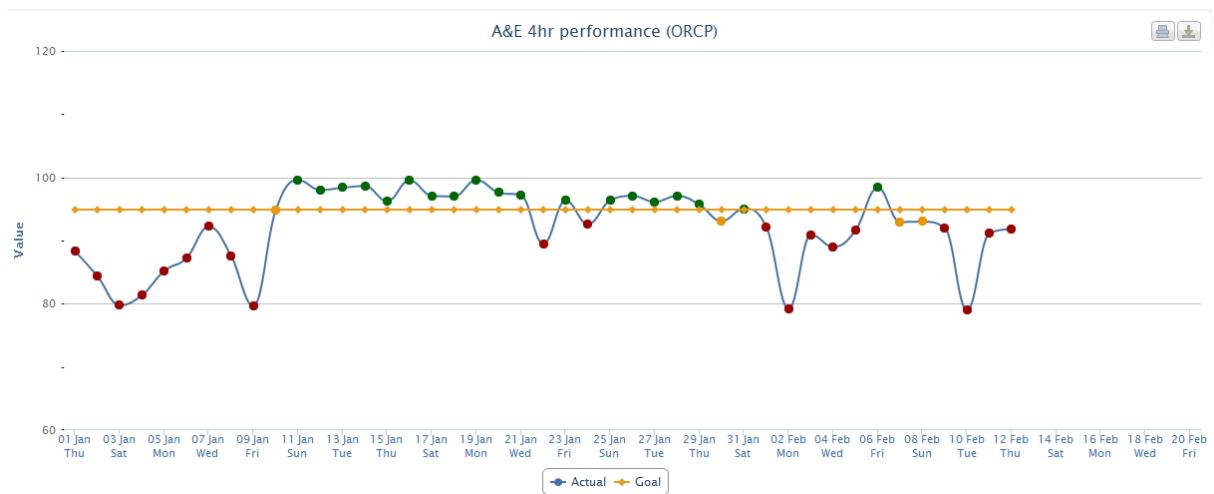
The national measure of success for urgent care performance is the A&E 4 hour standard.

A&E 4 Hour performance Quarter 3



Performance at the start of quarter 3 was very strong but high numbers of non elective admissions led to a significant deterioration in performance during December. The final reported performance for the quarter was 94.53% meaning that the target was narrowly missed. Although the target was not achieved it should be noted that Berkshire West performance was better than the Thames Valley average performance of 93.6% and national average performance of 92.6%.

A&E 4 Hour performance Quarter 4 to date



Performance during quarter 4 has also been challenged and it seems probable that the target will not be achieved. Although this is discouraging, performance for Berkshire West remains above average and the NHS England Area Team have commended Berkshire West on their ability to recover performance rapidly after significant workload challenges. This is a positive reflection on our robust resilience plans and strong partnership working.

7. Next Steps

Resilience monies have now been allocated recurrently and a paper will be prepared for the Urgent Care Programme Board identifying those schemes that are recommended to be funded from these monies.

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February 2015*