Report No.
CS17136

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**16th March 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**WINTER RESILIENCE (CCG)**
Contact Officer:	Michael Maynard, Unscheduled and Emergency Care Lead, Bromley Clinical Commissioning Group Tel: 01689 866636 E-mail: m.maynard@nhs.net
Chief Officer:	Dr Angela Bhan, Chief Executive. NHS Bromley Clinical Commissioning Group
Ward:	Borough-wide

1. Reason for report

1.1 This report provides provide an update to the Health Scrutiny Sub-committee on the Bromley Urgent Care system performance and the progression of the Winter commissioned schemes during Winter 2016/17.

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2. RECOMMENDATION

2.1 The Health Scrutiny Sub-committee is asked to note this report

Impact on Vulnerable Adults and Children

1. Summary of Impact: Urgent Care system performance and Winter commissioned schemes provide a key service to vulnerable adults and children.

Corporate Policy

1. Policy Status: Existing policy.
2. BBB Priority: Healthy Bromley. Supporting Independence.

Financial

1. Cost of proposal: Estimated cost £1,419,000k
2. Ongoing costs: N/A
3. Budget head/performance centre: N/A
4. Total current budget for this head: £N/A
5. Source of funding: Better Care Fund

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
2. Call-in: Call-in is not applicable. No Executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): See report.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 Full details on Urgent Care system performance and the progression of the Winter commissioned schemes during Winter 2016/17 are provided at **Appendix A**.

4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications, as the new service model has not been developed to provide cost savings or to alleviate cost pressures.

5. LEGAL IMPLICATIONS

5.1 Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Personnel and Policy Implications
Background Documents: (Access via Contact Officer)	

APPENDIX A

OVERVIEW

This highlight report provides:

- An update of the performance of the Urgent Care System in Bromley 16/17,
- The schemes identified to help manage the seasonal surge and strain on capacity
- The performance/effectiveness of the schemes to date.

1. The Urgent and Emergency Care system and its performance

Governance and oversight

Although there are significant pressures facing the urgent care system in Bromley throughout the year, there is undoubtedly a greater need for support to the system in winter months. Commissioners and providers have been working together to ensure that the needs of the population are met through formal and informal governance structures. Formally, the A&E Delivery Board normally meets monthly and is chaired by the Chief Officer of the CCG. During the winter, the Board has met twice monthly, and has supplemented the oversight by daily calls with the 'system' (including at the weekend).

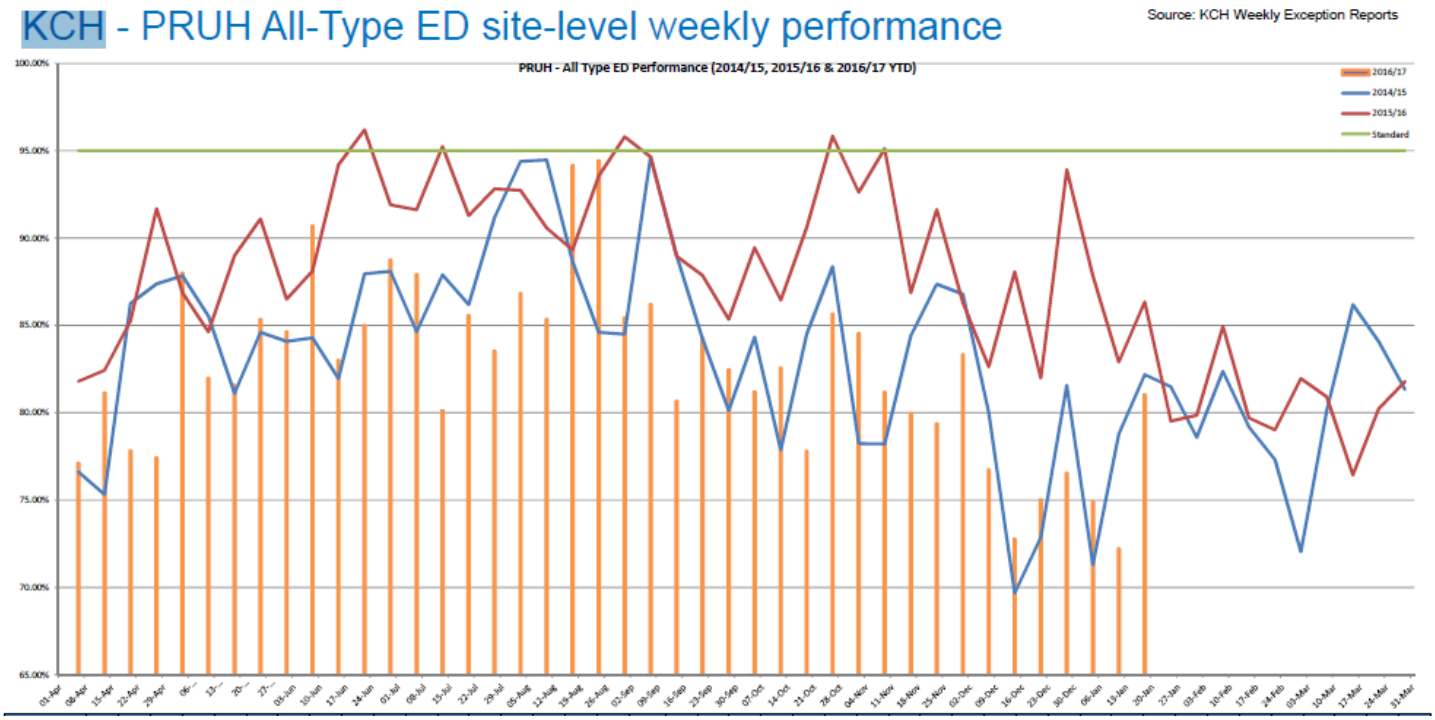
The A&E Board is chaired by the CCG CO and, along with relevant health commissioners, has representation from London Borough of Bromley, both as a provider and as commissioners of services, and all key providers in Bromley. Throughout the winter period, there are regular calls and meetings with NHS England and NHS Improvement (NHSE/I) to provide assurance that all is being done to manage urgent care pressures and to ensure that patients are kept safe. Routinely, the proportion of patients meeting the 4 hour A&E waiting time is used as a barometer for the whole urgent and emergency care system. It is essential to regard the 4 hour target as a 'system' indicator rather than one that is only the responsibility of the hospital.

A&E performance is discussed regularly as part of the governance systems within the CCG – at the Clinical Executive, the Integrated Governance Committee and the Governing Body. Regular discussions also take place at the Health and Social Care Integration Board, chaired by the Leader of Bromley Council. The direct engagement of the Council Chief Executive (and his team) has been invaluable in helping to address challenges in the out of hospital system.

Performance

The graph below highlights the performance of the A&E 4 hour target for this financial year with comparisons of the same period for the last 2 years.

Graph 1



Graph 1 shows the weekly performance has been sporadic and the system has been more challenged than in previous years, with the 95% standard only being reached in the summer month of August. Reductions in performance are expected in the winter months, but this has been more marked than in previous years. An analysis of the patients being admitted to hospital suggests that the following factors are at play:

Demographics and infectious disease:

- Increasing age and frailty of parts of the Bromley population
- A winter that has been particularly cold at times, with icy and (more recently) foggy conditions
- Circulating viruses – we are seeing more cases of influenza A and also respiratory syncytial virus (RSV), as well as flu like illness caused by other viruses.

Poor flow of patients through the urgent and emergency care system, as manifested by large numbers of patients identified as delayed transfers of care (DTOCs) prior to Christmas week:

- Difficulties in placing packages of care due to lack of capacity in the domiciliary care market, especially over the Christmas and New Year period
- Availability of care and nursing home places for social care and continuing health care patients as well as for self-funders
- Particular delays for patients in the local hospital who are the responsibility of other boroughs

Factors internal to the hospital

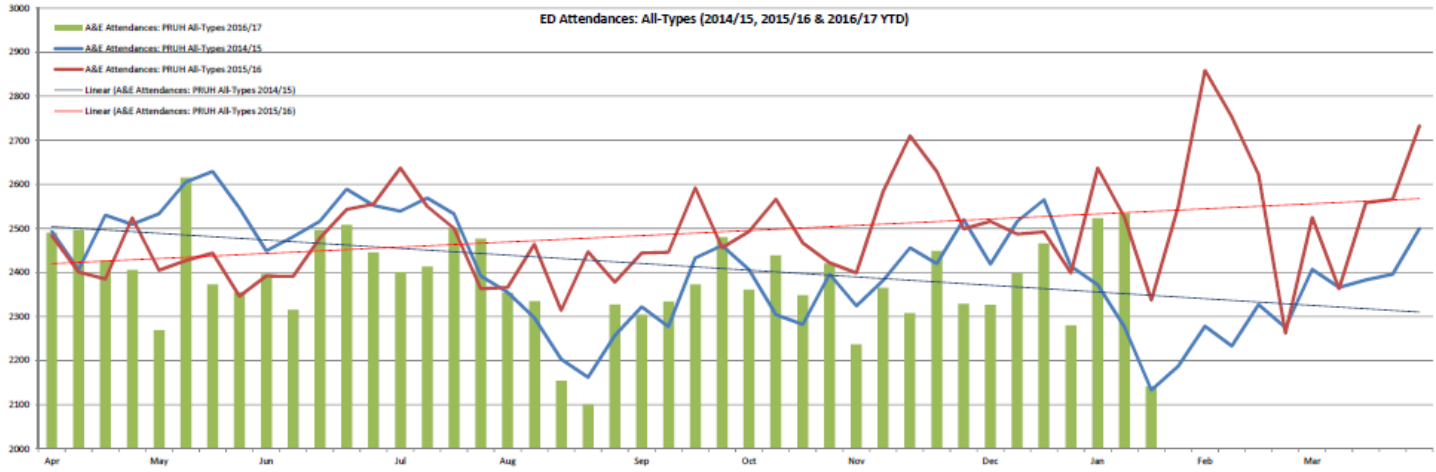
- Staff vacancies and challenges in recruiting locum staff

- Process issues in being able to move patients from A&E to the wards (usually because beds not available or not available early enough in the day, resulting in patients waiting longer to be seen in A&E)
- Outbreak of norovirus at the start of winter, with ongoing associated problems.

Where patients are waiting in A&E and cannot be moved to the wards, this can result in 'ambulance handover' delays. Ambulances can experience delays in offloading patients which results in their being prevented from being despatched to other patients. When this happens, considerable care is taken to ensure that patients are not adversely affected and that they are kept safe. There have been ambulance handover delays at the PRUH this winter. In addition, at the beginning of January, there were a number of 12 hour breaches, where patients had to be cared for in the A&E department instead of a ward environment. Again, considerable attention was paid to ensuring patients had quality care and were kept safe.

Graph 2 shows the numbers of patients attending the PRUH A&E in comparison to previous years

Graph 2



Attendance has been generally lower than previous years, suggesting that our schemes to improve access to general practice (for example, through the GP Access Hubs) and the strengthening of social care resources in the community are having a positive effect. All type attendances includes patients going to A&E and those streamed to the Urgent Care Centre (UCC) at the PRUH. It is hard to compare year on year as there is a clear perception that the acuity of the patients this year has been higher. Acuity refers to the severity of illness in patients. Although acuity is hard to define and quantify, we have seen increased attendances by ambulance to the PRUH and increased numbers of 'Blue Light' calls. We have also seen significant increases in use of resuscitation facilities in the A&E department and use of ITU beds.

We will be reviewing the length of stay of patients over winter as this can also indicate an increase in acuity.

Further work is underway on admissions, but current data suggests that over the autumn, there were fewer urgent admissions to the PRUH resulting in an overall decrease, up to December, of 0.8%. December and early January admissions appear to be in line with the same time last year (a much milder winter). This data is very provisional and will be analysed more fully as part of the review of winter.

2. Winter Schemes and Intervention

In preparation for winter and taking into consideration the lessons learnt from last year, the following additional winter schemes were implemented this year to help manage the surge and capacity issues.

Scheme	Description	Provider
In-reach (Medical Response Team)	A scheme that places an Advanced Nurse Practitioner in the 'front' of the PRUH to identify patients who could be managed in a community setting, and setting up an appropriate package of interventions to support them in their own home	Bromley Healthcare
Patient Champion	A staff member working in the UCC dedicated to redirecting patients back into primary care, either to their own GP, or book directly into an appointment at one of the GP Access Hubs	Greenbrooks
Community Matron in the PRUH	A community matron to work as part of the Transfer of Care Bureau to help expedite patient discharge back into community services	Bromley Healthcare
GP in the PRUH	A GP working in the Transfer of Care Bureau to help expedite patients back into community services and primary care, and provide a point of liaison between hospital consultants and GPs	GP Alliance
Additional Primary Care Hub appointments	An increase of additional GP appointments in the Access Hubs. These clinics run on bank holidays and had extended hours to normal opening	GP Alliance
Dressings Service	An additional dressing service 3 days a week to help manage post op dressings (located in the GP access hubs)	GP Alliance
Social Worker	An additional Social Worker at the front door to help manage social care issues and to help avoid unnecessary admissions	London Borough of Bromley (through the Transfer of Care Bureau)
Discharge Co-ordinator	Additional capacity in the Transfer of Care Bureau	Transfer of Care Bureau
Rapid Response	An Alternative Care Pathway (ACP) focusing on care homes to help avoid ambulance callouts and ED attendances. This started towards the end of January	Bromley Healthcare
Day and Night Sitting	A day and night sitting service to help patients at home. This is in addition to the take home and settle service	Age UK

Other interventions have included:

- Direct booking into the primary care hubs (111, UCC and MRT)
- Flexing of reablement resources to cover requirements for short term care at home
- Short term intensive social care support at home
- Additional funding to facilitate assessments by and admissions to care homes at weekends
- Flexing of criteria for community rehab beds
- Platinum calls and meetings with the system (twice weekly), usually chaired by Managing Director of the PRUH or CCG Chief Officer
- Opening up of 23 (of 38) additional step up/ step down beds as part of the frailty pathway (in Orpington Hospital)
- Increased capacity for psychiatric liaison service
- BHC review of all patients with COPD, as we approached cold spells, to give advice on self-management and prevention, and where appropriate, ensure patients have a respiratory 'rescue' pack

The multi-disciplinary team meetings for the most vulnerable and complex patients commenced in October 2016, as part of the Integrated Care Networks. These are essentially 'case conferences' around each complex patient, involving the patient's GP, the care navigator, interface geriatrician and social prescribing, to ensure that services are collectively providing the best possible care to maximise the health and well-being of the patient and prevent a deterioration in health, thereby reducing the need for hospital admissions.

3. Progress to date

The delivery of these services is based on the presenting need and so the level of activity varies during the winter period. They may also be impacted by the availability of staff – social care and health providers have experienced significant difficulties in recruiting staff whether nurses, social workers or front line care workers. However to date:

- In-reach MRT has redirected over 331 patients from the front of ED (up to 9/2//17)
- The UCC patient champion averages 80 redirections per month, succeeding in redirecting 77% or patients referred to the service
- The community matron and GP in the PRUH attend ward and board rounds and have received 82 patient referrals, discharging 42 of them.
- All three GP access hubs are being utilised providing 120 primary care appointments between them per day
- An additional Social Worker has been recruited to work with the two existing social workers at the front of the hospital and is supporting the discharge of patients
- A Discharge Coordinator post could not be recruited to; however existing staff are working additional shifts
- The Day and Night sitting service started at on the 9th January and has yet to receive any referrals
- The Rapid Response Service to support care/nursing homes has begun operating 7 days per week. Communication and marketing material was distributed w/c 27th February 2017.
- Additional staff have been recruited for the psychiatric liaison service at the PRUH
- The Bed Census is checked and signed off by Kings and LBB on a weekly basis. This provides a more accurate picture of the position at the PRUH for performance management purposes

There are also a number of schemes operating in the community, which are designed to relieve the pressure on the acute sector during the winter months. These are led by LBB and in addition to those listed above include 18 additional care management staff across community teams and the Transfer

of Care Bureau, a 4 hour fast response service for domiciliary care packages, an extended Handyman service and the provisional of additional step down units in Extra Care Housing. These services help to avoid unnecessary hospital admissions as well as supporting discharges.

4. Conclusion

It has been a very challenging winter so far and there has been a higher demand for urgent and emergency care services than in recent years. Despite this, many of the schemes that have been put in place are contributing to managing the pressures. These pressures can only be managed by a basket of schemes, which together contribute to ensuring that patients flow through the urgent care pathways as appropriate.

At the end of winter there will be a formal review of all the schemes and lessons learnt to evaluate the effectiveness of all interventions. A further update will be provided to the Health and Well Being Board.

Glossary

ACP	Alternative Care Pathway (a pathway that avoids acute attendance, typically used by an Ambulance provider)
CCG	Clinical Commissioning Group
DTOC	Delayed Transfer of Care (A patient ready to be discharged but still occupying an acute bed)
ED/A&E	Emergency Department
GP	General Practitioner
ITU	Intensive Treatment Unit
MRT	Medical Response Team (community based team)
NHSE	NHS England
NHSI	NHS Improvement
Platinum Calls	A multi-agency call/meeting when the system has declared black or internal incident
PRUH	Princess Royal University Hospital (Acute Provider)
UCC	Urgent Care Centre