

Agenda

Health Overview and Scrutiny Committee

Thursday, 5 July 2018, 1.30 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing democraticservices@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee

Thursday, 5 July 2018, 1.30 pm, County Hall, Worcester

Membership

Worcestershire County Council Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr R P Tomlinson

District Councils

Mr T Baker, Malvern Hills District Council
Mr C Bloore, Bromsgrove District Council
Cllr Mike Johnson, Worcester City Council
Oborski, Wyre Forest District Council
Rouse, Redditch Borough Council
Mrs F Smith, Wychavon District Council

Agenda

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5	Evaluation of Winter Pressures on Urgent Care	

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Tuesday, 26 June 2018

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 JULY 2018

EVALUATION OF WINTER PRESSURES ON URGENT CARE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on local health economy partners' evaluation of winter pressures and readiness for winter 2018/19.
2. Representatives from across the health and social care sector and from Healthwatch Worcestershire have been invited to the meeting.

Background

3. Weather conditions over winter bring additional pressures and challenges for the health service and social care providers, many of which have been referred to during HOSC's discussions with local partners.
4. Previously, when HOSC has looked at winter pressures, Members have continued to praise the desire among all partners to work together and acknowledged that joint working extends to the broader local economy, for example the Council's role to play in co-ordinating emergency planning and in maintaining transport routes and schooling so that health and social care staff can continue to work.
5. HOSC Members will be well aware of national pressures on Accident and Emergency services and the picture in Worcestershire is not isolated, however Worcestershire has a higher than average proportion of older people with increasing frailty.
6. Locally, as reported to HOSC during its 29 January 2018 update from Worcestershire Acute Hospitals NHS Trust (WAHT), activity during winter 2017/18 increased 'massively' and for the period 22 December 2017 to 16 January 2018, an additional 418 patients presented to the two acute hospitals' A&E departments, with an additional 264 ambulances. During the 18 March HOSC update, West Midlands Ambulance Service flagged up the need to address increased delayed ambulance handovers during busy periods.
7. Following these discussions, the HOSC is keen to understand what has been learned from the pressures last winter and how this evaluation will inform planning for 2018/19 to improve performance.

Lessons Learned from 2017/18 – System Reset

8. Preparation for winter pressures in 2018/19 is already underway.
9. Worcestershire Clinical Commissioning Groups have commissioned a winter

evaluation from the Midland and Lancashire Commissioning Support Unit. NHS England has also commissioned a consultancy company with expertise in urgent care to undertake a system-wide analysis and make recommendations about the deliverability of best practice in urgent care in Worcestershire.

10. A summary will be provided at the meeting on the outcome of the evaluations and the resulting 'system reset' which is taking place.

11. Healthwatch Worcestershire has produced a follow up to its June 2017 report on care in the corridor at Worcestershire Royal Hospital, which has been circulated to HOSC Members and is available on the link under Background Papers.

Legal, Financial and HR Implications

12. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed, if required to do so, they will be reported to HOSC in a timely manner.

Purpose of the Meeting

13. The HOSC is invited to consider and comment on the review of last year's winter plans and lessons learned for winter planning in the future.

14. In doing so, HOSC members may look to consider:

- Lessons learned from successive years of winter pressures – how has learning been captured and shared?
- What will be different for 2018/19 – what will change for the public?
- How will we know if the new system-wide approach is working?
- Are all partners involved?
- What are the main obstacles?

Contact Points

County Council Contact Points

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Specific Contact Points for this Report

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Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 14 March and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July, 26

September, 16 November 2016, 16 September and 9 December 2015, 26 February and 30 April 2014 - available on the County Council's website [here](#)

- Agendas and Minutes of the Health and Well-being Board are available [here](#)
- Healthwatch Worcestershire report 'Care in the Corridor at the Worcestershire Royal Hospital – Follow Up Report (June 2018)
<http://www.healthwatchworcestershire.co.uk/care-in-the-corridor-at-the-worcestershire-royal-hospital-march-2017/>

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Worcestershire Urgent Care and Patient Flow- HOSC 5/7/18

Evaluation of winter 17/18 and
preparing for winter 18/19

Preparing for winter 17/18

- Winter planning started in May 2017
- Governance via the A&E delivery board
- Based on national best practice and an analysis of previous winters pressures
- Focus on initiatives aiming to
 - reduce avoidable hospital attendances
 - reduce the demand in the A&E department by enhancing alternative assessment areas within the acute trust

Preparing for winter 17/18

- creating sufficient inpatient and community capacity
- focus on best practice discharge processes and revised discharge to assess processes from hospital to nursing homes
- increasing system control with a local “winter room”

Specific winter schemes and outcomes CSU and CCG findings

Specific winter schemes / reduce avoidable hospital attendances

Dedicated GP visiting service

- funded extra capacity to release GP time to visit those requesting a home visit earlier in the day and support alternatives to admissions
- weekly trends of GP admissions have been slowly decreasing since 2014/15. The trend post intervention remains downward but at a more rapid rate. Earlier in the day admissions have also improved in the same period
- however this lacks statistical significance and analysis cannot be confident that results could not be attributed to chance.

Enhanced consultant connect

- Telephony process to connect GPs and consultant's easily to discuss most appropriate patient treatment
- Post launch and up to 2 July 2018 when an outcome was recorded showed 17% (n=44) urgent care admissions avoided

Specific winter schemes / enhancing alternative assessment areas

Acute Pathway Redesign

- schemes to use appropriate alternatives to A&E services – Ambulatory Care services, frailty assessment service
- improved use of these services over the winter however recognising for significant periods of winter the assessment areas on both acute sites were used for bedded areas and did not contribute as planned to improved performance or to reduce the significant pressure within the A&E depts.

Specific winter schemes / inpatient and community capacity

Extra capacity was planned or opened in times of escalation over the winter

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- Planned extra acute based beds implemented over winter – 28 acute beds (Evergreen 2)
- Step Down Unit – 28 beds, ‘discharge to assess’ for long term care
- Extra community beds open over winter – 20 additional community beds in total spread over 3 community hospitals

Specific winter schemes / best practice discharge processes

Improving flow within acute services

- aiming to reduce delays with best practice ward based processes and MADE (multiagency discharge events) – measured by length of stay (LOS) and bed occupancy from 16/17 – 17/18
- overall analysis over winter shows no change in LOS on either site, it shows decreased bed occupancy at the Alex site but increased bed occupancy at the Worcester site. However immediate post MADE events at the Worcester site showed a reduction in LOS and patients admitted for more than 7 days, but this wasn't sustained

Specific winter schemes / best practice discharge processes

Redesign of pathway 3 – discharge to assess to nursing homes

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- designed to be delivered in 2 units instead of multiple nursing homes and designed to deliver target of 70% discharge with 72 hours
- implementation delays, service commenced mid winter, mitigated by extra funding into existing spot purchasing arrangements which supported reduction in DTOCs
- work continues to maximise the benefits of the units in line with best practice seen elsewhere

Specific winter schemes / a local “winter room”

- Designed to facilitate the leaders of the health and social care system to work more collaboratively including WHAT, WHCT, WMAS and the CCG to manage periods of escalation and the requirements for enhanced communication and reporting
- Positive feedback from regulators on the approach and management of certain periods of escalation

Overall evaluation of winter 17/18

- In addition to the evaluation undertaken by Midlands and Lancs CSU on various aspects of the Winter plan, NHSE also commissioned Carnall Farrar (consultancy group) to analyse the urgent care and patient flow system and locally system partners have reviewed effectiveness of the delivery of the winter plan
- The following is an overall combination of the findings

Combined evaluation findings and outcomes

- A&E attendances have been relatively flat over the winter, whilst performance is highly sensitive to fluctuations of attendances and over 75s shows an increase
- Increase in arrival by ambulance (decrease in self-referral) suggests higher acuity, although conversion rate stayed relatively flat
- Over a fifth of patients leaving A&E with guidance only.
- Decision to admit accounts for the largest delays in the A&E dept, suggesting severe bed capacity issues.
- High occupancy rates are correlated with poor A&E performance. WRH occupancy has been consistently around 100%, also indicative of severe and continued capacity constraints.

Combined evaluation findings and outcomes

- Overall discharges slowed by c. 15% Trust wide in Feb 18 compared to Mar 17; AVLOS increased at Alex for the same period increased by 15%; The rate of discharges in winter did not keep pace with admissions, putting additional pressures on beds during the crucial winter months.
- Levels of stranded patients (inpatient for over 7 days) were at an average of 44%, which is higher than the 40% target
- Discharge processes are less efficient at the weekend, both simple and complex discharges

Combined evaluation findings and outcomes

- Positive outcomes and feedback from local winter room and joint ownership of winter plan
- Reduced DTOC (delayed transfer of care) percentages over the last year
- Challenges of staffing for extra winter capacity across the health and care system
- Challenges with delivery of winter initiatives as per agreed pathways – assessment areas in acute often used as in patient areas
- Periods of significant deterioration in performance particularly when discharges not equivalent to admissions

Readiness for winter 18/19

Focus on:

- preventing excess demand on acute based services
- maximising the new services/contracts across our system
- matching predicted demand and capacity
- further enhancing public and stakeholder awareness

Readiness for winter 18/19 - Preventing winter demand

- Enhancing health and social care workforce flu immunisation; Older people flu immunisation; Older people pneumococcal immunisation;
- Urinary tract infection – often leading to admission in the elderly. Specific work on prevention of this infection and implementation of a catheter passport
- Falls prevention- redesigning falls pathway to enhance best practice prevention

Readiness for winter 18/19 maximising the new services / contracts across our system

- Frailty assessment unit – extended business case at the Alexandra Hospital approved for 7 days a week for extended hours – Oct 18
- New Primary Care contract and New neighbourhood teams supporting enhanced appropriate admission avoidance - May 18
- Urgent treatment centre at the Alexandra Hospital from December 18

Readiness for winter 18/19 / matching predicted demand and capacity

- Utilise Demand and Capacity tools to improve analysis of capacity requirements for 18/19
- Building work commenced for redesign of acute beds on WRH site - FOAHSW
- Urgent care and patient flow reset – entitled “right moves” in July 18 designed to deliver system wide pathways as designed, provide executive support to crucial parts of the system to maximise use of capacity

Readiness for winter 18/19 / matching predicted demand and capacity

- Enhance public communication related to the “choices” for urgent care
- Focus on maintaining independence in the elderly as a key quality factor
- Build on one system communication plan for staff from winter 17/18 to ensure key messages reach all front line staff

Challenges and mitigation for 18/19

- Completion of building works on WRH site within timescales – assessing bedded capacity across the system to provide alternative capacity this winter
- Workforce availability across the system to meet the components of the winter plan – identifying service requirements asap to commence recruitment

18/19 Winter Planning schedule

A&E Operational Group Meetings

Tuesday 14th May

Regional Capacity Management Team Winter Review – Daniel Bates
Review – What worked well / What didn't work well - workshop

Monday 18th June Winter Planning Session:

CSU Winter 2017/18 Feedback Report
Demand and Capacity modelling

Monday 16th July final Winter Planning Session

Focus on Demand and Capacity
System Escalation Plan Review
Formulate Draft Winter Plan

Tuesday 7th August AEOG agree Winter Plan

Sign off by AEDB **28th August 2018** – submission to NHSE anticipated early September 2018

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