Oxfordshire Joint Health Overview and Scrutiny Committee
23 April 2015

Managing the impact of winter by the Oxfordshire healthcare system

1. Introduction

Nationally there has been considerable focus on performance in hospitals over winter. Across the UK, the four-hour A&E target will have been missed for 2014/15, and overall there has been a rise in delayed transfers of care up 29% on the previous year. Ambulances experienced delays on 116,123 occasions from November to the start of March - up 25% on the year before.

This winter many more people used accident and emergency (A&E) departments than ever before, From November to the end of February just over 7million visits were made to A&Es in England - 190,000 (2.9%) more than the year before. In the busiest week - the one ending 21 December - 446,000 people arrived, nearly 10% more than in the same week the year before and the highest ever recorded.

Across Oxfordshire the system coped well with unprecedented increases in demand across all urgent care services, and made some key policy decisions to improve the collective response of all agencies:

The system implemented:

- An Operational Resilience Capacity Plan (ORCP)[1], which invested an addition £4.5 million in urgent care services across health and social care in preparation for winter pressures.
- A revised system-wide escalation policy[2] to improve all agencies collaborative response to surges in demand,
- A comprehensive delayed transfers of care (DToC) plan[3] which has reduced DToC by 33% since the beginning of January 2015.
- An investment of £0.5million social care grant through February/March to improve DToC.
- Most of the recommended changes from the Emergency Care Intensive Support Team (ECIST review September 2014)[4] for the whole-system and also operational changes relating to Oxford University Hospitals NHS Trust (OUHT).

[1] Oxfordshire Operational Resilience Capacity Plan (September 2014): Multi- agency plan that sets out 31 initiatives to improve urgent and emergency care over the winter period – October 2014 – March 2015.
[2] Oxfordshire Escalation Policy (January 2015): Whole-system policy which sets out how all statutory agencies should respond when pressure and demands build for urgent and emergency care services.
[3] Oxfordshire Delayed Transfer of Care Plan (December 2015): Comprehensive whole-system plan based on 7 main reasons for delayed transfers of care.
[4] Two ECIST plans: Oxfordshire whole-system (November 2014) and Oxford University Hospitals NHS Trust (January 2015).

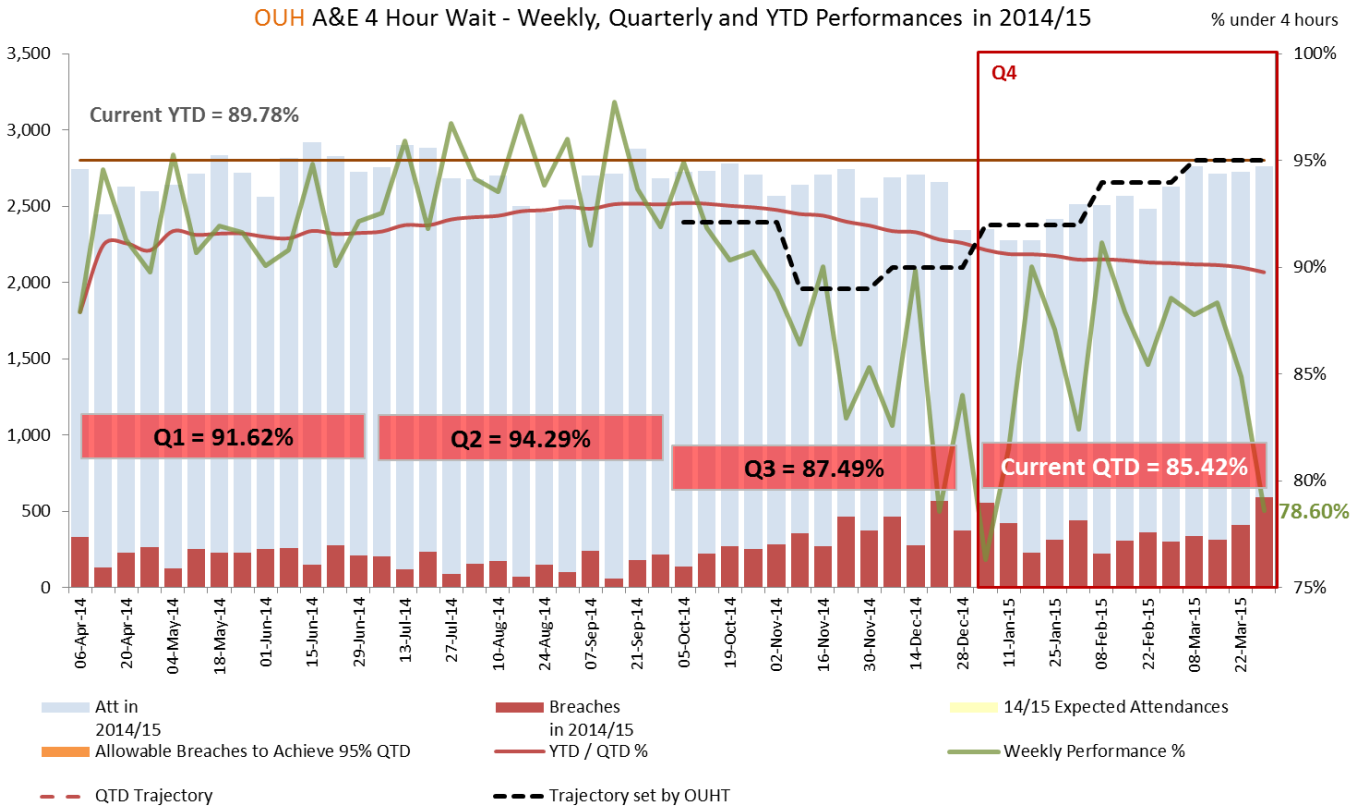
In addition the Better Care Fund Plan[5] which sets out 11 schemes that are designed to reduce A&E attendances, reduce non-elective admissions (urgent and unplanned admissions) and reduce length of stay has been developed and will be taken forward from April 2015/16. .

2. A&E performance across Oxfordshire.

In Oxfordshire the number of people using A&E rose by 4% compared with last year or an additional 11 people per day. 27% of people attending emergency departments ended up being admitted. Performance against the four-hour target improved through the summer 2014 only to deteriorate from October (Figure 1). Throughout the winter period the 4 hour standard was not consistently met achieving only 85.92% of people transferred out of A&E within 4 hours against the 95% target. Delayed transfers of care were 21% higher than last year and there has been a 6% increase in Ambulance call outs (Figure 2).

Clinicians reported increased demand from frail, older people with chronic, long term conditions, with respiratory and influenza-like symptoms. In essence demand increased from patients who were, older more frail and sicker than seen in previous years.

Figure 1.



[5] Better Care Fund Plan (January 2015): A plan which sets out how emergency care and urgent care services can be improved through system integration. If successful this plan will transfer resources from urgent care service to preventive community health and social care services: An additional £18million in adult social care.

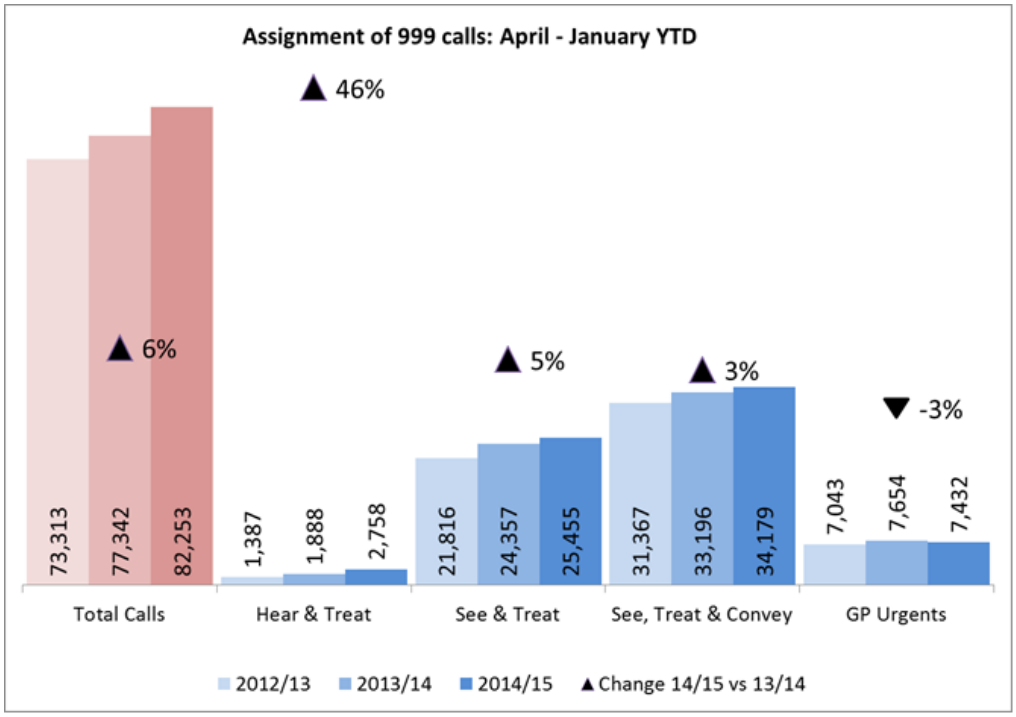
The ORCP (winter pressures plan) set out 31initiatives designed to support the whole-system through the winter from the beginning of October through to the end of March. These initiatives are now the subject of evaluation which will be reported to the System Resilience Group[6] (SRG) in May, in preparation for planning for next winter 2015/16. Ahead of this evaluation it is clear that while the initiatives have not resulted in the system achieving the key A&E targets, they have enabled the system to cope with unprecedented levels of demand.

Some of the most significant impact came from the following initiatives:

- **Increased social care presence 7 days a week** in the emergency department, and on the wards to assist with multi-disciplinary planning and decision-making, has reduced DToC for a social care reason by 37%.
- A combination **of increased community hospital bed capacity and access to the integrated multi-professional community teams at weekends**, plus improved communication between clinical teams, has resulted in improved utilisation of community beds and a reduction in delays attributed to non-acute beds in excess of 50%.
- The police, local bars/nightclubs, and charitable organisations have all highly praised the placement of an **SOS bus within Oxford City Centre**, which could save in excess of 47 A&E attendances over a Friday/Saturday evenings.
- **Increased bed capacity** (97 beds) across acute and non-acute inpatient care, has brought additional capacity to cope with the increase of frail older people requiring bed-based care.

[6] Systems Resilience Group (SRG): This Group brings together the Chief Executives and senior leaders from all the statutory health and social care agencies each month. The remit of the group is to plan and deliver strategic improvements to the way the whole-system manages demand for all health and social services, for both planned and emergency care. The SRG is responsible for overseeing the development of all initiatives connected with winter pressures and delayed transfers of care.

Figure 2.



In addition the SRG approved a new whole-system Escalation Policy which clarifies the roles and responsibilities of all the statutory agencies when there are surges in demand for urgent care. The most significant changes as a result of the policy have been:

- Alteration of the routine daily operational conference call to earlier in the day, so that operational and clinical teams on the ground can assess how the system is performing and make earlier adjustments to how each service is responding to demand; and
- The enactment of the 'heightened escalation call' (HEC) a teleconference at silver command level that brings together senior clinical and managerial decision-makers to help the system avert crisis. Since November the HEC has been implemented in response to signs of system decline, and has resulted in greater collaboration between health and social services, faster decision-making and avoidance of the system declaring a 'black' status alert[7].

It is worth noting here that when neighbouring systems have declared 'black' ambulances are diverted to systems declaring red. While Oxfordshire has not declared black, other neighbouring systems did declare black, which resulted in additional pressures at the John Radcliffe Hospital during the first two weeks of January.

[7] In Oxfordshire the Escalation Policy has 4 status alerts – green, amber, red/dark red and black. Throughout the winter the status has remained in red and amber. Dark red is the escalation point before black and an indication that the system is heading towards dark red would automatically herald a heightened escalation call.

3. Delayed Transfers of Care

From April 2014 to February 2015 (latest national figures) Oxfordshire had the second highest rate of delayed transfers of care in the country. During this period, 143 Oxfordshire residents were delayed in a hospital on average each day, or a rate of 27.5 people per 100,000 people over 18. This compares to a national rate of 11.2 per 100,000. In March delays averaged 159

Nationally 67% of delays are NHS responsibility; 26% are social care and 7% are both. Locally the figures are for the same period are 58%, 25% and 16% respectively.

The number of days people were delayed rose in December and January, though slightly less than the national rate. Delays then fell in February, but rose slightly in March

The Oxfordshire Delayed Transfers of Care (DToC) Plan was approved by the Systems Resilience Group in December 2014. This plan has been developed around a framework encompassing the 7 main reasons for patients being delayed in their care.

a. **Goal 1: Choice**- To support patients and their families with exercising choice when care transfers, by managing expectations and ensuring that all processes are effectively managed to prevent unacceptable, extended inpatient care.
b. **Goal 2: Reablement:** To increase the numbers of individuals who could benefit from reablement services, thus improving their confidence and capability with regards to self-care management within their home, and reducing the likelihood of premature dependency on long term care interventions.

Figure 3.

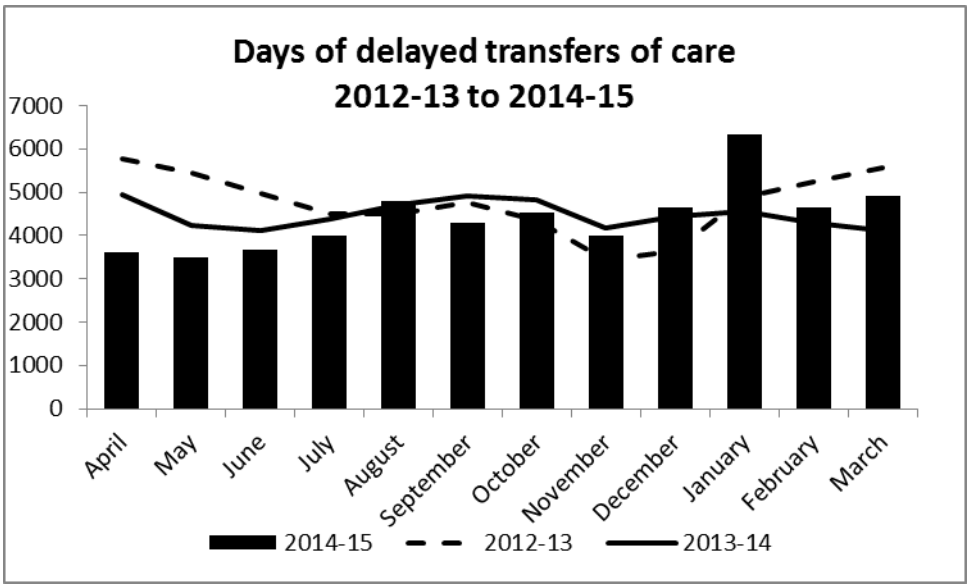
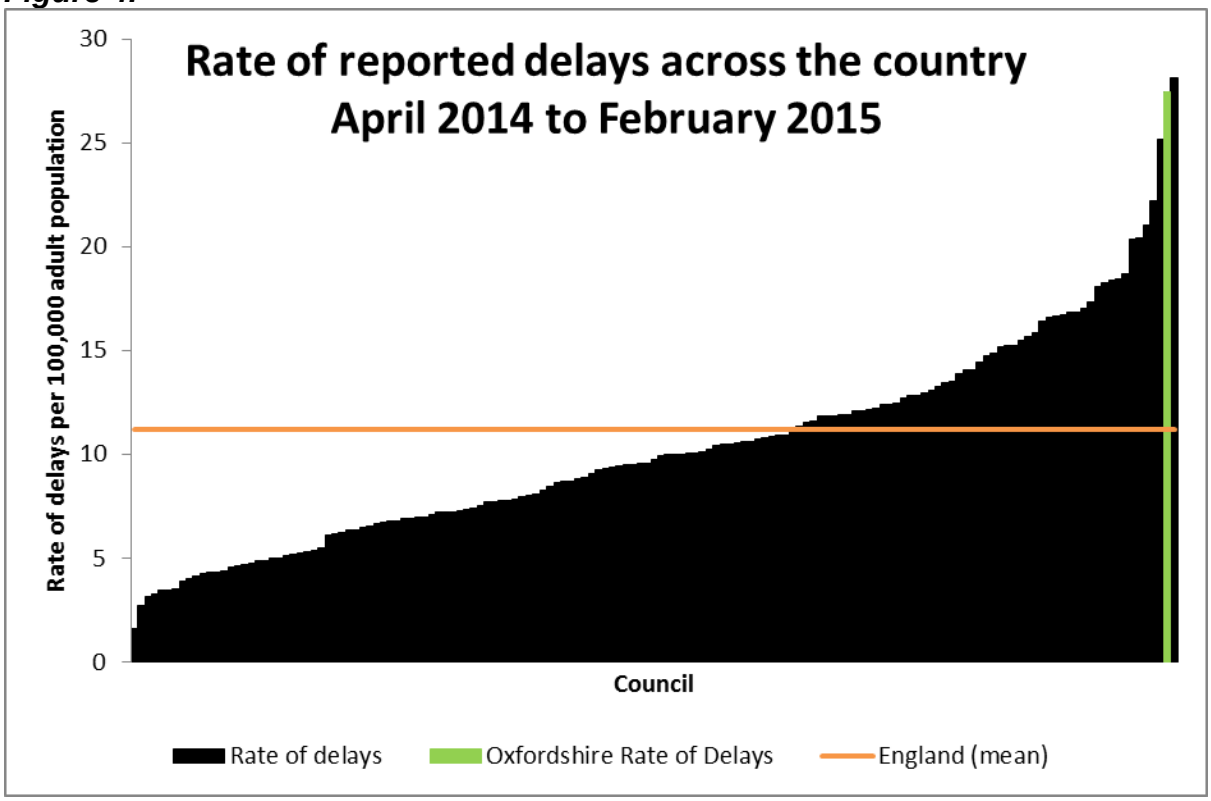


Figure 4.



c. **Goal 3. Assessment:** To ensure individuals access person-centred, comprehensive, appropriate and timely assessments, which foster the early engagement of their families/carers (where appropriate), and lead to a smooth transfer of care between agencies, thus preventing unnecessary delays.
d. **Goal 4. Non-acute NHS beds:** To enable medically stable patients who require access to inpatient rehabilitation, gain an optimal level of functioning following a period of illness including stroke, trauma and other medical conditions.
e. **Goal 5. Long Term Care Package:** To enable people with reduced functionality to remain in their home, thus promoting and prolonging individual self-care and reducing the likelihood of premature dependency on institutionalised care.
f. **Goal 6. Residential Care and Nursing Homes:** To ensure that individuals who require residential care, have timely access to facilities that promote individual self-determination and are responsive to the changing physical and psychological needs of the individual.
g. **Goal 7. Housing:** To identify and remedy an individual's housing needs at the earliest opportunity, thus preventing deterioration and need for health/social care intervention and/or delays in discharge from healthcare.

Following ministerial interest in the DToC position in Oxfordshire, a further plan to achieve a 50% reduction in DToC was developed at the end of January 2015. This was based on the DToC plan and encompassed fast track actions to deliver rapid performance improvement, funded via the social care DToC grant of 520k.

At week 9 of the plan, a 33% reduction in delayed transfers of care has been achieved. All agencies believe this is a significant achievement, which will continue to progress on a downward trajectory over the coming weeks.

The main reasons for people being delayed in Oxfordshire so far in 2014/15 are given below (figure 5 showing the average number of people delayed per day, and progress since implementation of the DToC plan in January 2015).

Figure 5.

Reason for delay	Av. Number for 2014/15	Number for week ending 15th January 2015 (baseline)	Number for week ending 26th March 2015
Choice	19	22	22
Awaiting reablement pathway	21	26	10
Awaiting further NHS assessment	14	23	17
Awaiting a non-acute community hospital bed	34	64	28
Awaiting long term care package	19	16	14
Awaiting a Care/Nursing Home	25	16	8
Other	9	6	18
Total	141	173	117

As can be seen, **significant progress has been made in:**

- **Improving access to community hospital provision:** This is as a result of earlier and improved communication and administration, between the clinical and social work teams in the John Radcliffe and the Horton General Hospitals, and clinical staff managing the community beds.
- **Speeding up assessments for NHS continuing healthcare:** This is as a result of improving the nursing assessment process, and using 'discharge to assess' process which recognises that assessments do not have to take place in an acute hospital bed. Patients can be discharged and then their assessment can be completed in a care/nursing home or in their own home, depending on their level of dependency and need.
- **Reducing waits for a Care/Nursing Home placement:** This has been achieved through improved market management of the independent care home sector and improvements when packages of care require 'restarting' following an individual's stay in hospital.

More challenging issues facing Oxfordshire are management of 'choice' and 'out of county' patients.

The 'choice' goal involves reducing the impact on the system of patients who are fit to be discharged from acute care, where suitable onward care arrangements have been identified but rejected by the patient and/or their relatives. This includes

individuals whose future needs will be funded by the State, as well as those sourcing their own care independently.

A joint policy (approved in August 2014) for managing the situation has been robustly implemented and monitored over the last 3 months. Additional actions have been deployed including improvements to the management of the medically fit for discharge list, and increasing support to self-funders through 'My home, my care' and an Age UK/Red Cross 'circles of support' initiative (funded via the social care DToC grant).

These initiatives have improved the management of choice delays, but not the speed of discharge. As a result, the policy timescales have been reviewed again in an attempt to reduce the pathway from 36 days to less than 3 weeks. Age UK have already been consulted on this issue and changes have been to the policy going forward, which brings the policy in line with the comparative policies of other health and social care systems across the country. A revised Choice Policy was fully implemented from the 8th April 2015.

Out-of-county delays have accounted for 15% - 20% of DToCs over the last 5 weeks. Invariably the issue is most prominently felt in the North of the County (Horton General) where in excess of 50% are residents of Northamptonshire. The health and social care system in Northamptonshire has faced similar ministerial interest in DToCs and is also implementing a 50% reduction plan. In addition Northamptonshire are unable to offer reablement services for complex patients. Both of these issues will be having a material impact on the transfer of patients to appropriate health and social care services in Northamptonshire.

In response the Chief Executive of Oxfordshire Clinical Commissioning Group (OCCG) has liaised with his counterpart in Nene, and the operational teams in both counties have been liaising in an attempt to speed up transfers. Every delayed patient has an allocated social worker. From a social care perspective, close liaison is in place between Oxfordshire and all other adult social care departments and a weekly letter is dispatched which sets out the patients who remain delayed in our care.

Another area requiring attention is the development of reablement services. These provide additional health and social care support to people in their own homes and are an important means of reducing dependence on long term domiciliary care and/or care home provision. The Supported Hospital Discharge Service (SHDS) makes the first step in discharging the patient home, with a arrange of options including transfer to the Oxfordshire Reablement Service (ORS) within 2 weeks for ongoing care including supported discharge to return home or longer term home care package.

Commitment to improve and expand reablement services is enshrined in the Better Care Fund (BCF) Plan and the DToC Plan. Following the approval of the most capable provider assessment for older people's services, OUH and Oxford Health NHS Foundation Trust (OHFT) will commence the redesign of SHDS and ORS services into an integrated Support and Recovery at Home service (SaRah) which will refocus the delivery model from a predominantly 'step-down' from acute care,

towards increasing the delivery of care at home for patients who traditionally would have been in bed-based care, but for whom better outcomes can be achieved without admission. This commitment builds on our stated intentions to increase reablement capacity by 50% over the next year, enshrined in the DToC Plan, thereby reducing non-elective admissions by 2312 (BCF). This work to refocus reablement with the support of health and social care commissioners commences later this month.

4. The NHS Winter Healthcheck.

The NHS Winter healthcheck was set up by NHS England to collate information nationally on how the system managed demands throughout winter. The emphasis has been on producing better information for the public.

This was high level information which presented a national picture only, without any translation into the situation at local level. It is difficult to draw any conclusions from this that would be valuable, over and above the assessment of the system undertaken as part of the ECIST work and the DToC Plan. However one can see that this winter was unusual in the levels of demand experienced by all urgent and emergency care systems nationally, and Oxfordshire was not alone in this. System leaders across Oxfordshire predicted greater gains from all the measures that have been put in place to improve 4 hour waits in A&E and DToCs, however these did not translate into improved performance figures. One can only assume that without these measures, the system may not have coped as well as it did.

Moving forward the system will be evaluating progress through April, with a view to revisiting all urgent and emergency care plans in May. Our learning from this year should provide a platform for improvement next winter. Most importantly the system recognises the importance of collaborative leadership from all the statutory agencies across Oxfordshire, and the alignment of plans and priorities within each organisation. Only by working in partnership and by changing the system will we achieve the economic answers to the growing demands for care in the future.

5. Conclusion.

This paper has set out performance across the urgent and emergency care system over the winter period, with a specific reference to A&E performance and DToCs. On balance it can be said that Oxfordshire statutory agencies coped well with meeting unusually high demands for care through the winter, in line with the experience of other systems nationally. A great number of initiatives have been put in place, some of which have delivered excellent results, while others have not realised the anticipated benefits. The next step is a thorough evaluation of the system, with a view to revising plans going forward into next winter.

The Health Overview and Scrutiny Committee is asked to:

- Note the contents of this report.

Alison Edgington
Deputy Director for Delivery and Localities (interim).
07.04.2015