

Addenda: Chairman's Report. HOSC 20 Sept 2018

1. Outstanding question regarding winter plan evaluation from HOSC (21st June)

1.0 The following information outlines answers to questions to the CCG posed by HOSC at its meeting on the 21st of June 2018:

1. Who the third party providers are in relation to 111 and how Age UK assist in returning patients to their homes.

South Central Ambulance Service are the providers of NHS 111. They outsource some call handling to Conduit. Many NHS providers outsource to third party organisations. It is important to note that all call handlers would be trained and adhere to the same nationally developed algorithm for triaging patients for NHS 111 – there are no differences in practice between providers as they have to adhere to the same process and protocols for triage.

Age UK have been testing and learning a new way of working on two Short Stay Wards at the John Radcliffe Hospital using the experience they have for working with people in the community as outlined below:

1. **A 'Guided conversation'** with patients and their families to understand their hopes and fears about returning home, practical & emotional needs and any barriers or constraints – what is already in place, what might be needed to cope in the shorter term and in the medium to longer term. Basically, this means listening to people;
2. **Information and advice** for patients and their families about likely scenarios and options including, for example, voluntary and community support options, welfare benefits advice and paying for care. An information pack is given to patients and families - the '**blue pack**' – tailored to their individual needs. This has been very well received by staff and patients alike;
3. **Referrals and 'problem solving'** for patients and their families, for example, arranging cleaning, shopping, heating, carer support or dementia support;
4. **Community follow up:** follow up phone call and/or home visit(s) agreed with individual/family, where required and appropriate, to support people to do what they want and need to live life as fully as possible within their local community – eg shopping, linking to transport solutions and local activities, benefits, advocacy, referrals to other agencies eg Headway, Stroke Association, Parkinson's Society, bereavement support, Good Neighbour Schemes.

The outcome of this pilot project is detailed in Q7 below.

2. Detail of the additional costs of backfilling staff vacancies with agency staff and whether private providers had been used.

This is potentially a huge task. The costs will be across all organisations including the County Council and they will not distinguish between backfilling vacancies or backfilling for staff sickness. It would be possible to provide agency costs in total. This would include an element of staff sickness backfill that would not be easy to quantify. It would also be across all staff groups (clinical and non-clinical).

3. More detail on hospital bed closures.

To follow

4. Seven day working – where this isn't happening, why and what impact it's having.

Oxfordshire is committed to improve the availability of health and social care services 7 days per week, particularly where they support discharge and prevent unnecessary admission. The system carried out an exercise to scope to what extent the 7 day working arrangements are in place and the findings were as follows:

- All organisation have plans in place to extend routine working across a 7 day week;
- OUHFT is a National Early Implementer for 7 day working. The Trust ensures that ward rounds take place twice a day (inc. weekends and Bank Holidays). Availability of diagnostics and pharmacy has been increased at weekends and there are plans to extend further;
- The majority of OHFT services operate 7 days per week from 8.00 a.m. to 10.00 p.m. as a minimum;
- Adult social care has recently improved operations at weekends across acute and non-acute inpatient bedded areas, within emergency multidisciplinary units and Emergency Departments.
- A number of care agencies and residential care providers have a more flexible approach supporting the system at the weekend and particularly during high demand holiday periods.
- Oxfordshire is working with NHSE as part of the Winter Review Group to develop Standardised Operating Procedures for Discharge.
- As part of our 2018/19 winter planning we will continue collaborative working to ensure capacity to meet demand and consistency in patient flow 7 days per week

5. What went well in working with other agencies (e.g. Age UK)?

- There has been positive system work in our Home First Multi-Disciplinary Team (MDT) who provide a patient centred approach to help improve the way patients are supported in moving from hospital to home. This is focussed on people's strengths and is done in collaboration with the Age UK work in the short stay wards and the Red Cross Pilot in the ED.
- Positive feedback from Age UK Oxfordshire for support in 'enabling flow'
 - The 27 members of staff (medical, nursing, therapy, ward clerks) who responded to a questionnaire at the end of June, were universally positive about the Age UK hospital team, citing as one of the main benefits that it 'saved them time'.
 - 77% of 93 patients and their families who answered a questionnaire in early July said that they felt more confident or very much more confident about going home, and 80% said that they found the follow-up help after discharge helpful or very helpful.

1.1 From Age UK figures, it is estimated that the work with 20% - 25% patients helped to 'accelerate' their discharge by an average of 8hrs.