

## Heatherwood and Wexham Park Operational Resilience and Capacity Planning for Winter 2015/16.

### System Resilience Groups (SRGs)

System Resilience Groups (SRGs) have now been established for just over a year and they are responsible for ensuring the effective delivery of elective as well as urgent care in their area for both physical and mental health. They have recently had their remit expanded to include the oversight of cancer target delivery. The Wexham SRG meetings are held on a monthly basis and provide a forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery; they are chaired by the CCG's AO. This group has an operational delivery group reporting to it which meets twice a month to carry out pieces of work agreed by the SRG; this includes a number of key projects and the evaluation of schemes to support winter pressures. There is also a Frimley Park SRG which Bracknell & Ascot CCG are part of and includes CCGs from North East Hampshire and Surrey Heath. Other bordering SRGs such as West Berkshire and Aylesbury Vale/Chiltern within the Thames Valley area, these are now part of the Thames Valley Urgent and Emergency Care Network which has recently been established.

### SRG Assurance Process

All SRGs have recently taken part in an assurance process with NHS England where they were required to review themselves against a number of standards. Annex A sets out the standards that were reviewed and the level of assurance. This return was extensively reviewed and signed off by SRG on 10 September and now is with NHS England for final confirmation of our position.

There were two areas rated as partially assured:-

- 1) *Winter readiness- Section 1.2 Can the SRG confirm that the funding for the schemes has been identified and fully allocated from the baseline funding for 2015/16?* This was because at the date of the assurance review now all funding had been allocated but it was confirmed that this was being actioned during September.
- 2) *Capacity & Demand Analysis – Section 3.1 Has expected service capacity and demand been reviewed and profiled using predictive tools and systems in line with expected A&E peaks? Is intelligent conveyancing techniques used across ambulance services? We confirmed that SCAS uses predictive tools to forecast expected demand and has the ability to notify Trusts on the number of patients they are likely to receive and when. Work is being progressed but not yet complete on whole systems demand and capacity.*

Where the Wexham SRG felt there was the greatest risk was in respect of capacity which was defined as improvements required to increase the flow of patients through the service in order to avoid patients spending inappropriate time in hospital beds than their condition requires. It was agreed that the proposals for winter pressures funding should be scored against their ability to improve flow across the system.

With regards to mental health services all the areas were assured with the exception of 24/7 MH liaison where the triage and intervention elements were not at the appropriate level and were therefore scored as partially assured. A bid for additional resources for these services has been made to NHS England and we are currently awaiting the result of this.

## Winter Planning & Winter Pressures Funding

Because of the national high demand experience last winter and the outcomes from the urgent and emergency care review NHS England has required SRGs to confirm plans to improve patient flow, capacity and readiness by 5<sup>th</sup> October 2015. Funding for Winter Pressures (ORCP funding as it is now badged) amounted to a total of £2.3m across the 3 EB CCGs which is considerably less than the total resources received in 2014/15. The financial schedule is included at Annex B, these schemes were reviewed by the SRG Operational group which contained expertise from acute, community, social and primary care and each scheme was scored out of a total of 100. This schedule was then reviewed by the Wexham SRG to produce recommendations for approval by the Strategy and Planning Committee's meeting in September who took the decision to support these in order for mobilisation to commence. Subsequently, all CCGs have confirmed approval of these schemes and currently working with providers to ensure that are mobilised.

Last year a comprehensive review of the winter pressures schemes took place that resulted in a two of these being continued throughout the year; the first scheme was the introduction of a GP into the Wexham Park to support complex discharges and to act as a liaison point between primary, community and acute care. The second was the continuation of GP out of hours support to nursing homes which is now funding through the Prime Ministers Challenge funds. The review also highlighted the need to improve the 'real time' management of information across the system to support the flow of patients and our surge system wide response. Therefore the Alamac system commenced implementation in May and has now been fully implemented. It supports the daily review of capacity and demand to help maintain flow throughout the health and social care system and also helps us anticipate future peaks in requirements.

Bids for winter pressures schemes were encouraged from all providers. Frimley Health has not bid for any additional resources this year. Following the acquisition of the Trust there have been significant changes to the staffing structure within the A&E department and the implementation of various clinical streaming models. This is demonstrated by the Trusts continuous achievement of the 4 hour target each month from April 2015. It believes that the improvements in system flow required need to be with community and social care schemes rather than increasing hospital bed capacity.

The schemes that are being put in place for the winter include the following:-

Royal Borough Windsor & Maidenhead - There are a number of schemes being put in place to support people to leave hospital which include support for self-funders to find appropriate care and also community schemes to increase capacity. There are a number of schemes previously piloted during the winter period that will be established under the redesign of the STS&R development.

Slough Borough Council- To support additional social worker cover and increase enablement capacity for increased requirements during the winter period.

Berkshire Healthcare FT - There are number of schemes to increase capacity in community services these include

- Community Matron;- To fund 1x Band 5 Community Staff Nurse, 5 days a week to support Community Matrons in the management of patients with Long Term Conditions in Slough. The patients would continue to be "overseen" by the Community Matron but a community staff nurse could provide the more supportive and routine interventions needed, thus releasing capacity for the Community Matrons to develop, implement and monitor the escalation plans of the more complex

patients. In addition this role would release capacity for Community Matrons to case manage more patients in a responsive manner.

- Additional nursing capacity in WAM to ensure continuity of service in an area with increasing demand through the employment of three registered nurses who are coming to the end of fixed term contracts, covering substantive local staff secondments. This is a stretched service because of local demography and this recruitment will help secure service levels for next six months, during the winter period, when demand is anticipated to increase further, thus securing capacity to support prevention of avoidable hospital admissions and delays to discharge.
- To increase the opening hours of the community RACC service to include a Saturday service and to increase the capacity within the team to see more patients in order to avoid hospital admission.

#### Thames Valley Hospice –

- There are often delays in TV Hospice and Wexham Park Hospital's ability to discharge people home, due to, lack of care availability. Currently, care is commissioned from local authorities for people with a prognosis of less than 6 weeks who should be prioritised in order to facilitate discharge. Unfortunately all too often this is not the case. The impact of this is not only an inability to discharge people and therefore utilise much needed capacity for other people who need admission into the Hospice or Hospital, but most importantly an inability to meet people's wishes to die at home. This scheme will provide an additional 136 hours per week of End of Life Care. This will enable the Hospice at Home team to provide comprehensive end of life care at home for an average of 3 people per week. These people may be at home or in a hospital/Hospice bed.
- To increase the number of palliative care outreach nurses who will work alongside the palliative care team in Wexham Park Hospital, supporting them in the utilisation of Thames Hospice and the Community Palliative Care Team referral criteria.

#### Frimley Health/Berkshire Healthcare FT Combined

- To employ an additional Band 6 Nurse to work as part of the COPD admission avoidance team, increasing their capacity to be able to deliver the admission avoidance service over the winter period when demand is generally higher. This will be carried out as one of the first stages of mobilisation of the adult respiratory project.
- Work is also being progressed with both Trusts regarding rapid assessment models and community ambulatory care.

111/OOH Services: - A review and audit of the Directory of Services commencing in October that supports the 111 service to ensure that this is fully up to date and that we confident that NHS 111 is able to appropriately direct patients to the right service.

Communications: - Work is currently being progressed with NHS England and locally for a targeted communication plan for patients throughout the winter period. This will also include a flu campaign. Additional funding has also been provided to Slough CCG from NHS England to support a localised flu campaign.

### **Testing & Monitoring System Resilience**

The capacity of the system to respond to increased demand is monitored daily throughout the year and each organisation has their own escalation plans in place The CCGs are currently in the process of planning a table top exercise to test surge demand requirements which will be carried out in November with all stakeholders. The learning from this exercise will help inform gaps in the services so that these can be supported during the winter period.

All winter pressures schemes will be monitored during their mobilisation period and monthly during the winter period to understand how the scheme is meeting system requirements. A small amount of funding is being held in reserve to support some schemes that are still being developed and any gaps identified that are exposed during the resilience exercise. It is anticipated that this will be complete by early December. We are still awaiting details of schemes that will be supported by the ambulance service and whether we will receive any additional resources to increase support for mental health 24/7 liaison services.

The Daily monitoring of the system by NHS England normally commences in November and in the light of the pressures experience last year it is anticipated to require more detailed than in previous years.

**Rachel Wakefield**

**Associate Director 26/10/15**

**Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs**