

## **Health Scrutiny Committee**

**14 October 2015**

### **Planning for winter pressures in 2015/16**

#### **Summary**

1. This report provides information about how the Ipswich and East Suffolk and West Suffolk health and care systems are planning for Winter 2015/16 and considers current issues relating to delayed patient transfers at Ipswich and West Suffolk hospitals and how this is being addressed. The report does not include the work taking place within the Great Yarmouth and Waveney system, which is the subject of ongoing scrutiny by the Norfolk and Suffolk Joint Health Scrutiny Committee. However, for the Committee's information, an update on this work is included in the Information Bulletin, at Agenda Item 8 of today's meeting agenda papers.

#### **Objective of Scrutiny**

2. The objective of this item is to provide the Committee with an opportunity to consider:
  - a) How Ipswich and East Suffolk and West Suffolk health and social care systems are planning for winter pressures in 2015/16
  - b) What is being done to ensure patients do not remain in Ipswich and West Suffolk hospitals for any longer than is necessary.

#### **Scrutiny Focus**

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
  - a) What was learned from the evaluation of winter schemes in 2014/15?
  - b) What developments have taken place since the Committee last considered this topic?
  - c) What schemes are being developed for winter 2015/16?
  - d) What funding is available for winter schemes in 2015/16 and how does this compare to 2014/15?
  - e) What role will the voluntary sector play in supporting winter schemes in 2015/16?
  - f) What are currently the three most significant factors which contribute to delays in discharging patients from i) Ipswich Hospital and ii) West Suffolk hospital?

- g) How are partners working together to ensure that these issues are addressed and that people do not remain in hospital for any longer than is necessary?
  - h) How do the hospitals manage delays which are attributable to patient or family choice?
  - i) What steps have been taken to improve arrangements for dispensing medication and booking transport earlier in the discharge process?
4. Having considered the information, the Committee may wish to:
- a) make recommendations to NHS bodies;
  - b) make recommendations to the Director of Adult and Community Services;
  - c) identify matters for further scrutiny as part of the Committee's forward work programme or through a Task and Finish Group;
  - d) highlight issues which may be relevant to the Norfolk and Suffolk Joint Health Scrutiny Committee for the Great Yarmouth and Waveney area;
  - e) seek further information.

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## **Background**

### **Previous scrutiny by this Committee**

5. At its meetings on 16 October 2013 and on 20 January 2015, the Health Scrutiny Committee considered planning for winter, and initiatives to ensure safe, timely and appropriate arrangements for discharging patients from hospital. The Committee also received Information Bulletin updates on this matter on 18 March 2015.
6. On 16 October 2013, the Committee considered "Planning for Winter". It examined the work of the integrated care network in Ipswich and East Suffolk, the Urgent Care Network in West Suffolk, and the roles of Adult and Community Services (ACS) and Suffolk Community Healthcare (SCH) in ensuring timely discharge of patients from hospital. Representatives of Ipswich and East Suffolk CCG, West Suffolk CCG, West Suffolk Hospital, Ipswich Hospital, Suffolk Community Healthcare, and ACS attended the meeting as witnesses.
7. The Committee heard from West Suffolk CCG about 'pull based discharge', a system soon to be introduced, where the admission into hospital of a patient triggered the engagement of a case worker to follow the patient through their stay in hospital and plan for their discharge.
8. Members were informed that patients would be unable to be discharged if a member of the social care team was not available to assess them. They heard that ACS was looking to extend social work hours to enable discharge assessments to take place over weekends, but there were associated costs. There were also sometimes complications with discharge, such as the need to await assessment by an occupational therapist. Patients needing care could not be discharged unless a care package was in place and the service was available for them to be discharged into, and the Committee heard there were currently gaps in the home care market.
9. Representatives from Suffolk Community Healthcare advised the Committee that its four community hospitals shared some of the burden by providing step down beds, but improvement in the flow and length of stay at the community hospitals was also needed in order to ensure beds were available to allow discharge from acute hospitals.
10. Following consideration of the evidence provided, the Committee requested an update on progress in improving discharge arrangements to be brought to a future meeting.
11. Members reconsidered the issue on 20 January 2015, at a meeting that was attended by representatives of HealthEast CCG, James Paget Hospital, the Chairman of the Suffolk Health and Wellbeing Board and Healthwatch Suffolk, in addition to those who had attended the earlier meeting.
12. The Committee heard that the system had learnt from previous winter planning experience, and was using this learning to help inform the current year's approach, but increasing complexity and acuity of illness in patients was adding to the pressures in the system. The written evidence presented to the Committee provided details of how winter pressures funds had been used to fund initiatives to improve patient flow. The Committee asked what would happen when these funding streams ceased, and felt that evaluation of the

difference that the additional investment had made would be useful to help inform future work.

13. The Committee heard about work taking place to identify people who were vulnerable or at risk of unplanned admission to hospital, and how their need for admission to hospital or residential care could be delayed or averted by providing them with the support they needed at home. Some GP practices had a multi-disciplinary team in place to put together a plan for the patient to help them manage their illness and it was acknowledged that this was being seen as good practice, although there was some variation in how it was being managed.
14. The Committee heard that the arrangements for dispensing medication upon discharge were being reviewed within the hospitals to see how the process could be improved. The Chief Executive of Ipswich Hospital reported that where the date of discharge was known in advance, there was an opportunity for medication and patient transport to be put in place earlier in the process.
15. Following consideration of the evidence presented, the Committee made a number of recommendations, including:
  - a) to request further information, about the activities taking place within Suffolk's acute hospitals to improve arrangements for dispensing medication at the point of patient discharge, and how effective these had been; and
  - b) to request an evaluation of the various winter pressures initiatives across the CCGs for a future meeting to show, in chart and graph form, a comparison of how effective they had been.
16. On 18 March 2015, the Committee received Information Bulletins from West Suffolk CCG and Ipswich and East Suffolk CCGs providing feedback on how systems had coped during the previous winter. A full evaluation was due to take place in April 2015.
17. West Suffolk CCG provided detailed information on four schemes which had been implemented or commissioned for the 2014-15 winter period to improve patient flow:
  - a) The **Home Intravenous Therapy Service** was introduced for people unable to manage at home because they required intravenous antibiotics once or twice a day. Previously these patients would have occupied an acute bed for up to 6 weeks. When the Information Bulletin was written, this service had reduced hospital bed occupation by approximately 271 per month and patient feedback had been positive.
  - b) The **Enhanced Early Intervention Team** integrated key services to manage admission avoidance, and between April 2014 and March 2015 supported more than 1000 elderly patients (or those with chronic conditions), seven days a week in their own homes. Discharges were facilitated by ensuring that the appropriate professional was seen soon after admission to hospital, and patients were provided with treatment and advice, and appropriate support which enabled them to return home.
  - c) The **Integrated Medically Fit Model of Care**, which was launched in January 2014, clearly defined and monitored patients who were clinically ready to move on to a more appropriate care setting. The Team were in

- daily contact with staff at community bases and provided them with support to improve flow and reduce the length of stay in community beds.
- d) The CCG commissioned 16 **winter escalation beds** in Sudbury, and SCC commissioned a further 10 beds to support delayed transfers of care.
18. Ipswich and East Suffolk CCG commissioned seven schemes over the winter of 2014-15 as follows:
- a) The **Post-Acute Care Enablement (PACE)** service, an in-reach service to Ipswich Hospital, supporting early discharge. During November 2014 to January 2015, the service freed up 287 bed days within the hospital.
- b) The Waveney Unit at Ipswich Hospital contained 24 **winter nursing and therapy beds** for patients awaiting discharge.
- c) The **GP Streaming Service**, based in the Emergency Department at Ipswich Hospital, identified patients suitable for Primary Care Out Of Hours. In total 541 patients were streamed between November 2014 and March 2015.
- d) The **Integrated Community Respiratory Service**, which provided proactive management of patients with Chronic Obstructive Pulmonary Disease.
- e) The **Moving and Handling Scheme** supported family carers, providing advice on moving and handling methods, including how to get someone safely off the floor (reducing the need for emergency services), and notifying GP practices of the identities of potential fallers.
- f) The **Town Pastors** in Ipswich provide support on the streets of Ipswich when the night time economy is busiest. During the period between November 2014 and January 2015, the Town Pastors made 1,513 interventions, with a possible 74 Emergency Department attendances avoided. The Town Pastors called 16 ambulances in this time (a voluntary scheme supported by organisations including the CCG).
- g) The CCG had purchased **4 beds** to support delayed transfer of care.

### **Delays in discharging patients**

19. Delays in discharging patients from hospital add to pressures on emergency departments and other urgent care services by reducing the number of available beds and therefore restricting admissions. Delays may be caused by a number of issues attributable to different agencies, and successful patient discharge relies on effective joint working between the NHS and partner agencies such as social care and the independent and voluntary sector.
20. A patient is ready for transfer from a hospital bed when both the clinical team and the multi-disciplinary team have decided that the patient is ready for transfer, and it is agreed that the patient is safe to discharge or transfer. When a patient is ready for transfer, but is still occupying the bed, the situation is defined as a “delayed transfer of care”.
21. The transfer can be delayed for a number of reasons, for example:
- awaiting completion of an assessment;
  - awaiting public funding;

- awaiting further non-acute NHS care (including community hospital or mental health, intermediate care, rehabilitation services etc);
  - awaiting a residential home placement;
  - awaiting a nursing home placement;
  - awaiting a care package in own home;
  - awaiting community equipment and adaptations;
  - patient or family choice;
  - disputes.
22. Each hospital has its own policy and arrangements for discharging patients. Normally a treatment plan is developed which includes arrangements for discharge or transfer of the patient. These arrangements are affected by the speed at which the patient's health improves whilst in hospital, and the degree of support they will need post-discharge. Most people who are discharged from hospital need only a small amount of care after they leave, but in more complex cases a number of healthcare professionals from different agencies may need to be involved. For example, medication or medical devices may need to be arranged, transport arrangements put in place or care and support arranged for after the patient has left the hospital.
23. At its last meeting on 7 July 2015, the Committee received an Information Bulletin providing an update on the outcomes from the CQC inspection of Ipswich Hospital, published 10 April 2015. The bulletin included the following comments:
- “Whilst the overall CQC result was “Good” the Hospital recognises of course that there are still challenges to be addressed. ... Delayed Transfers of Care continue to cause concern to the Trust. A snapshot of bed occupancy on the 25th June 2015 identified that 13.8% of the acute bed base is continuing to provide care for patients who are either recognised as an official Delayed Transfer of Care, or patients who are medically fit, but require further interventions such as continuing Health Care assessment, Continuing Health Care/Fast-track placement, or function rehabilitation, as follows:*
- *39 patients are awaiting placements or packages of care*
  - *5 patients are awaiting Community Hospital rehabilitation*
  - *9 patients are awaiting Fast-track placement or care provision*
  - *7 patients are awaiting health funded placement or care provision*
  - *6 patients are not functionally fit for transfer”*
24. In light of this, the Committee agreed to add an item to its agenda for October 2015 to consider the arrangements in place to prepare for winter 2015/16 and, in particular, to look at how the system is working to ensure patients do not remain in hospital for longer than is necessary when more appropriate care and support should be available for them.
25. Prior to scoping the key areas for investigation as set out at paragraph 3 of this report, the Chairman and Vice Chairman sought further information about the current position regarding the number and reasons for delayed discharges across the Suffolk hospitals. In order to receive consistent data from each hospital, which would enable comparisons to be made, data was extracted from the published monthly Department of Health (DoH) Situation Reports for

Delayed Transfers of Care for the period July 2014 to July 2015. This data is collected nationally and sets out, for each hospital, the number of patients delayed on the last Thursday of each month and the total number of bed days lost each month due to delayed transfers. Further information can be found at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2015-16/>

26. Following a review of the data and further discussions with officers, it became evident that it would not be possible make comparisons or identify specific problem areas without additional information, for example the numbers of acute beds available in the hospital or the numbers of admissions during the month. Furthermore, wide variations in the reasons for delays reported across the hospitals could also suggest that there are differences in how the guidance for recording this information is being interpreted.
27. Because of this, and because the numbers of delayed transfers may fluctuate at any time for a myriad of reasons which are not directly captured by the DoH data (for example increased levels of illness in the population, such as an influenza outbreak; high levels of staff sickness; problems recruiting staff etc.) this report focuses upon the current issues with regard to delays and how the system is working to address these.

### **Main body of evidence**

28. The following written evidence is available:

**Evidence Set 1** provided by Adult and Community Services, SCC

**Evidence Set 2** provided by West Suffolk Clinical Commissioning Group and Ipswich and East Suffolk Clinical Commissioning Group

**Evidence Set 3** provided by Ipswich Hospital NHS Trust

**Evidence Set 4** provided by West Suffolk NHS Foundation Trust

### **Glossary**

**ACS** Adult and Community Services (SCC)

**CAT** Crisis Action Team

**CGA** Comprehensive Geriatric Assessment

**CHC** Continuing Health Care

**COPD** Chronic Obstructive Pulmonary Disorder

**DToC** Delayed Transfer of Care

**ECIST** Emergency Care Intensive Support Team (national team to support health and social care communities in reviewing their systems for urgent and emergency care)

**HALO** Hospital Ambulance Liaison Officer

**ICN** Integrated Care Network

**IESCCG** Ipswich and East Suffolk CCG

**KPI** Key Performance Indicator

**OOH** Out of Hours

**PACE** Post-Acute Care Enablement

**SCH** Suffolk Community Healthcare

**TTO** drugs to take home

**WSFT** West Suffolk NHS Foundation Trust

### **Supporting information**

Health Scrutiny Committee 16/10/2013, Agenda Item 5 “Planning for winter - Integrated Care Network in Ipswich and East Suffolk and Urgent Care Network in West Suffolk”, covering report, evidence sets 1-4 and confirmed minutes:

[http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=16/Oct/2013&c=Health Scrutiny Committee](http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=16/Oct/2013&c=Health%20Scrutiny%20Committee)

Health Scrutiny Committee 20/1/2015, Agenda Item 5 “Improving arrangements for discharge from Suffolk’s hospitals”, covering report, evidence sets 1-5 and confirmed minutes:

[http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=20/Jan/2015&c=Health Scrutiny Committee](http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=20/Jan/2015&c=Health%20Scrutiny%20Committee)

Health Scrutiny Committee 18/3/2015, Agenda Item 8, Information Bulletin:

[http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=18/Mar/2015&c=Health Scrutiny Committee](http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=18/Mar/2015&c=Health%20Scrutiny%20Committee)