To: **Health and Wellbeing Board**

21 February 2023

Winter Pressures

1. Purpose

This report outlines ongoing winter pressures experienced across the Frimley Integrated Care System (ICS) and details local and system wide response to these pressures with considerations for learning and next steps identified.

2. Background

From our residents' perspective, individuals and families are faced with increases in the cost of living and difficulty accessing NHS services, heightening the impact on their lives during the autumn and winter period. An ONS[1] study found that a quarter of adults across Great Britain were struggling to keep warm in their living room and over 6 in 10 adults reported using less gas and electricity because of the cost of living. Around 1 in 3 adults reported that cutting back on heating their home has negatively affected their health or wellbeing.

Winter pressures have been felt widely across the country and have been described by the NHS[2] as a perfect storm. This is attributed to the rapid increase of winter virus cases alongside ongoing pressures in emergency care as well as hugely constrained bed capacity with acutes contending with more patients coming in than going out.

3. Winter pressures and Critical Incident

Locally across the Frimley ICS the following significant pressures experienced in December:

- 10% year on year increase in GP activity & anecdotal reports of doubling of demand in recent weeks
- Compared to the previous 6 weeks (avg) there has been an 17% increase in 111 calls & recent days 50-100% increase in Out Of Hours demand
- A&E Attendances at FHFT sites are up by c7% vs previous 6-week avg
- 60% increase in Paediatric A&E Attendances vs previous 6-week avg
- 13%-20% of patients waiting more than 12 hours in Emergency Department in recent weeks
- Elective and diagnostic capacity reduced due to estates safety concerns at Frimley Park (Reinforced Autoclaved Aerated Concrete Plank failure risks) and other service pressures
- FHFT has opened up hyper escalation capacity & already at 99% full
- Length of Stay has increased & c20% beds filled by Medically Optimised patients

[1] The impact of winter pressures on adults in Great Britain - Office for National Statistics (ons.gov.uk)
[2] NHS England » Thousands of beds taken up every day as NHS contends with 'perfect storm' of winter pressures

Additional pressures across the ICS included:

- Flu Norovirus and Covid 19 numbers increased on both Frimley Park Hospital and Wrexham Park Hospital leading to cohorting concerns for patients
- Closures of community beds and care homes due to outbreaks impacting on discharge and flow
- Impact on capacity and staffing across community and adult social care services
- Oxygen supply issues

The continued increase in pressures on the Acute Trust together with increased pressures across all areas of the system resulted in a System Critical Incident declared on Thursday 29th December which continued until 6th January 2023

During this period, tracking data was utilised on a daily basis to monitor the situation. Actions were discussed and agreed at the daily ICB Celle and System Gold Calls. These actions were grouped under four core and four enabling Urgent and Emergency Care Strategic Objectives:

Flow & Discharge	**Prevention**	**Access**	**Population Health**
Data & Insights	Comms	Workforce	Governance

The council provided support to this period through:

- Daily attendance on all Gold Calls
- Daily internal KIT meetings which included the adult community team, hospital discharge team, access to resources and commissioning
- These meetings were utilised to gather and feed information into and from the Gold Call meetings leading to swift actions to support system pressures.

Please see appendix 1 for an update on system pressures across January. Whilst generally reported to be easing, the systems are still experiencing high levels of pressure.

4. Critical Incident Response: Discharge and Flow Task and Finish Group

The Discharge and Flow T&F group chaired by Grainne was set up across the Frimley ICS with the following priorities:

- Maximise provider market capacity to improve discharge and flow
- Identify, develop and implement best practise policies and protocols to support system flow
- Develop and implement a jointly agreed performance reporting framework and associated dashboards.

This is a cross-cutting workstream which is strategically aligned and feeds into the Urgent and Emergency Care Discharge and Flow Programme Plan. Both require oversight of the ongoing Adult Social Care Discharge Fund (ASC DF) to inform improvements of Discharge and Flow

5. Planning

Adult Social Care Discharge Fund

On the 22nd September 2022 the Government announced a £500 million fund to support discharge from hospital into the community and bolster the social care workforce, in order to free up beds for patients who need them.

On the 18th November, central government published guidance to the ASC DF as follows:

- £200 million distributed to all local authorities
- £300 million distributed to integrated care boards, targeted at those areas experiencing the greatest discharge delays
- The funding once disseminated to local levels is to be pooled into the Better Care Fund and has been paid in two tranches:
  40% in December 2022 and 60% end of January 2023 subject to planning and fortnightly reporting requirements met.

Bracknell Forest ASC DF grant value:

LA allocation	301,903	**Total**
NHS Frimley ICB	131,513	**433,043**

Joint planning discussions ensued at pace:

- Fortnightly (now weekly) seasonal capacity meetings, ASC operational leads, ICB colleagues, access to resources, finance and commissioning.
- Plans discussed and agreed with HWBB, Place Committee and system wide ICS meetings
- December 15th jointly agreed and signed off, ready for implementation

Scheme Name	**Descriptor**
Facilitated Discharge from A&E Senior Social Worker and support worker	A&E / pre-admission ward social work presence at FPH to work alongside hospital clinical staff and discharge team to manage the pressures at A&E
Physiotherapist and Multi-therapy support assistant posts	Support the Trust in terms of bed capacity and flow by keeping residents safe and reduce the number of potentially complex discharges. The scheme will also prevent delayed discharges of residents back to a care home setting , improving bed capacity.
Thames Hospice at Home	To continue to provide an enhanced at home hospice service allowing people choice and control of their care. They'll support when the ICB contract is at capacity. The ICB contract supports for up to 6 weeks, this support is able to be put in place for those that live beyond the 6 weeks, meaning that they do not need to transfer to alternative providing at the end of their life.
The Ark	Mobilise and coordinate volunteers to support hospital discharge in a home from hospital approach
IT Grab bags and pendants	Provide assistive technology to facilitate discharge and ongoing monitoring of patient

Pathway 3 practitioners x 2	Additional resource for people ready to be discharged from hospital with complex medical needs
Homecare	additional resource to support complex discharge and support the D2A model
Homecare – 7 day working	ensuring resource and capacity over the weekend to start packages of care when required
Heathlands ICS trusted assessor / discharge coordinator	Manage discharge referrals into the community
Home preparation / Deep cleaning	Deep cleaning service responsive to demand to support swift discharge
Temporary accommodation, Silva Homes	Hospital discharge units within assisted living accommodation to facilitate discharge whilst the home environment is readied.

Winter Pressures - supporting patients in Bracknell Forest:

1. Winter Service Locally Commissioned Services
   - System funding to resource additional same day appointments. An additional 10,738 appointments from November 2022 to April 2023
   - This constitutes 5,458 additional appointments delivered directly through GP practices across Bracknell Forest and an additional 5,280 appointments via the Integrated Urgent Care pathway effective December 2022.

2. Care Homes Initiative – live w/c 16th January 2023
   Dedicated therapy input in Care Homes to focus on residents over the age of 65, who are at risk of increased frailty, contractures, falls and admission to hospital without therapy input.
3. Diabetes / Hypertension

   As part of the proactive case management project Primary Care Networks will deploy additional resources to enable:
   - Closer monitoring of high risk / complex patients to potentially reduce risk levels and the consequent demand on resources
   - Earlier identification of at-risk patients to enable early intervention
   - Reduction in the number of high resource use patients

Hospital Discharge Fund January 2023

On the 9th January 2023 the Government announced a new fund of £200m to speed up hospital discharge[3] with an additional £50m capital fund to upgrade and expand hospitals including new ambulance hubs and facilities for patients about to be discharged. On the 13th January, NHS England issued detailed guidance on how the fund should be used[4]

The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. The ICB's are expected to deliver reductions in the number of patients who do not meet criteria to reside but continue to do so (i.e., are medically fit for discharge but remain in hospital), as well as improvements in patient flow which in turn will help wating times in emergency departments and handover delays.

[3] Up to £250 million to speed up hospital discharge - GOV.UK (www.gov.uk)
[4] PRN00124-ii-Hospital-discharge-fund-guidance.pdf (england.nhs.uk)

The guidance specifies that the funds should be used to purchase bedded step-down capacity plus associated clinical support for patients. There cannot be cross over or duplicate funding from any of the ASC DF schemes.

Frimley ICS has been allocated £2.36m under the fund which will be held centrally by NHS England. ICS will be reimbursed on their actual spend up to the level of their capped budget in order to ensure additionality and a reduction on current discharge rates and length of stay. The fund will pay for:

- Up to four weeks of a new or extended package of care at the point of discharge from an inpatient bed for patients who no longer meet the criteria to reside in their inpatient bed.
- any clinical advice or therapeutic interventions in a step-down facility to support the patient's recovery, reconditioning, or rehabilitation, to optimise their outcome in advance of discharge from the step down

To demonstrate to NHS England that the schemes are additional to previously agreed schemes reporting will need to demonstrate an increase in discharge numbers over the period from 6th February to 2nd April inclusive - 8 weeks in total.

Therefore, following joint planning and agreement, Bracknell Forest will report in all new spot purchased care home placements as well as the activities by the newly appointed weekend manager in adult social care.

Should we be able to evidence increase in discharge rates the ICB will be able to access the funding.

It is anticipated that the current practice in ASC, enhanced by the schemes from the ASC DF will evidence an increase in discharge and flow, as well as a reduction in length of stay.

6. Strengths, Challenges and Lessons Learnt and Next Steps

Strengths

- ASC DF schemes are an additional response to current year-round activities supporting discharge and flow into the community
- This allowed us to be creative and innovative where possible as well as continuing schemes that we know to be successful
- Trial ways of working that will feed into the review of the operating model
- Strong joint-working with the common goal of supporting discharge. The system feels more joined up and connected
- Good availability and presence of decision makers

Example: Case study

Temporary Accommodation to Facilitate Discharge: As Service Level Agreements were being hastily developed between Bracknell Forest Council and Silva Homes housing provider for provision of discharge housing, spare temporary housing capacity was identified by our local Mental Health Senior Managers that could potentially be used for the same purpose. Working alongside our MH and Housing colleagues, Bracknell Forest Council Adult Social Care leaders were able to quickly agree terms with the third sector provider in what seemed, in these days of expanding bureaucracy and risk aversion an unnervingly short period of time. Within days we had not one but two properties waiting to be used to aid

hospital discharges where the person's existing property posed a risk to them or otherwise prevented their safe return.

The speed and also the nature of the new accommodation (being usually available for people with mental health needs) proved serendipitous since as soon as it was available we found it was in urgent need for a local resident (A), well known to hospital and social care staff alike, with physical as well as mental health needs and whose home was not habitable at time of discharge.

A's physical needs meant that specialist equipment was necessary and needed to be delivered to the temporary accommodation, an existing care package was restarted easily due to council policy of continuing commissioning packages of care during admissions with the aim of facilitating timely discharge as well as supporting the local market. The package of care was increased to support increased level of need on discharge, a multi-agency response including Community Matrons, Occupational Therapists, Physiotherapists, Social Workers, Community Support Workers, Paramedics, Family members, Housing staff and workers from other areas of social care who supported A's family members convened to develop a really comprehensive, responsive and flexible response designed to provide maximum support for "A" and her family. "A" was readmitted to hospital more than once however because of the level of care and the inclusion of Paramedics, these were fewer and for shorter periods than otherwise would have been expected. Finally, "A" has now remained out of hospital for over a week, this is a major achievement and to be celebrated. "A" will be returning to her newly refurbished home in the next week and we are hopeful we may be able to continue to avoid unnecessary admissions whilst supporting "A" in a safe and person-centred way.

There are many lessons to learn from "A" and how we have supported her and her family, not least how much we can achieve by how much our skilled, expert services can achieve by working together, being confident in the expertise we bring to our jobs and by keeping the person at the centre of everything we do.

Simon McGurk

Challenges

- Quick mobilisation required for schemes to have maximum impact. This is not always possible as some schemes require due process.
- Heavy time resource on scheme leads over and above BAU. This includes recruitment, due diligence, market engagement, SLA's, invoicing etc
- Limited to discharge activities

Learning

- Year-round planning required - monitor and review discharge activity leading to an evidenced based assessment of need as well as drawing on the narrative from social care and health colleagues
- Risk assess as part of the planning process the likelihood of implementation, resource availability, impact of the scheme

Next Steps

- Continue to submit fortnightly reports on ASC DF until 31st March
- BCF End of Year report (May 23)
- Assess impact of schemes and evaluate value of service continuity

- On 30th January the government and NHS England published a delivery plan[5] for recovering urgent and emergency care services. This plan is aimed at reducing hospital waiting times and improving care for patients and is threefold:

1. Improving joint discharge processes through transfer of care hubs
2. Scaling up intermediate care , including rehabilitation and reablement
3. Scaling up Social Care services through the **BCF** - the aim of the funding is to drive down discharge delays

[5] NHS England » Delivery plan for recovering urgent and emergency care services

Appendix 1

UEC system pressures – January 2023

A&E Attendance & Discharges

- A&E Attendances have decreased by 15% compared to previous 6-week average.
  - Decreased across all age groups; 0-4year olds showing a further 16% decrease against the previous 6- week average.
  - Emergency admissions and Total admissions both decreased.
- 12-hour delays have decreased compared to previous week. With Wexham Park showing 1.1% of A&E Attendances staying more than 12 hours, Frimley Park, 12.4%.
- GP Streaming numbers are declining; we are not seeing as many minor acuity patients as previously. Frimley are seeing an average of 18 patients per day and Wexham park are seeing an average of 17 patients per day.

Discharges

- Since 20th December 2022, there have been 3,318 Place discharges.
- Average daily Place discharge rate is 158

Bed Occupancy

- Higher patient acuity could also account for bed occupancy remaining high, particularly with 21 day+ LOS patients where we are seeing c.83% more than this time last year or 166 more patients.
- Last week on average:
  - 367 patients with a LOS greater than 21 days (29% of Open Adult G&A Beds
  - 811 patients in FHFT with a LOS greater than 7 days (64% of Open Adult G&A Beds)

Ambulance & 111

- Ambulance performance across the Trust is showing an improvement; response times have decreased as have total hours lost to handover delays.
- 111 has seen a slight increase in calls this week compared to previous with 641 more calls.

For performance data up to 22nd January 2023

Metric Name	Current Weekly Actuals	1 week Average	6 week average 2022	6 week average 2021	% Diff 6 week average 21 vs 22
A&E Attendances	3,637	520	4,288	3,849	-11%
Attendances Paediatrics Type 1	835	119	1,138	736	-55%
Over 12 hours from Arrival	235	29	693	26	-2583%
Total Admissions	1,538	220	1,595	2,548	37%
Emergency Admissions via A&E	1,126	161	1,205	1,068	-13%
Beds Occupied by long stay patients (7+ days)	2,056	294	2,006	1,863	-8%
Beds Occupied by long stay patients (21+ days)	2,572	367	2,328	1,421	-64%
Number of Discharges	1,507	215	1,582	1,412	-12%