

# Clinical Commissioning Group Update

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

Date: 7 November 2017

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Author:	Executive Nurse, Swindon Clinical Commissioning Group
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

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#### 1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

#### 2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

#### 3. Detail

Winter

##### Context

- 3.1 Last winter was a challenging period for the NHS and locally our system has remained under significant pressure throughout the spring and summer.
- 3.2 Throughout the year, the CCG with partner agencies have worked together to ensure we work as a whole system with the development of a comprehensive plan that sets out several actions against a range of initiatives for system partners to implement.
- 3.3 However, there are two specific measures that tell us the system is under strain, and that is the non-achievement of the 4-hour A&E target and the numbers of

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delayed transfers of care compared to our partner organisations across the country.

- 3.4 Nationally, the NHS has lost the equivalent of 2,500 beds to Delayed Transfers of Care (DTOCs), which has increased occupancy and left systems less resilient to operational pressures. Last winter the NHS opened more beds than in the previous year. However, it lost almost twice as many to DTOCs, leading to occupancy hitting its highest-ever levels and the system struggling to respond to periods of high demand.
- 3.5 Some of the NHS-related DTOCs are driven by internal process issues and poorly managed handoffs between acute and community health services, and some by suboptimal CCG assessment processes for NHS Continuing Healthcare. Target reductions in NHS-related DTOCs have been agreed between the NHS locally via CCGs with NHSE regional teams.
- 3.6 The Government has asked the Care Quality Commission to review 12 areas to identify how well people move through the health and social care system, with a focus on the interface, and what improvements could be made. Their findings should provide a solid basis for rapid improvement in performance in the poorest performing areas.
- 3.7 National Guidance set out by NHS England, aligned with the NHS Five Year Forward View, identifies eight domains that we now need to review and plan to implement a range of initiatives, including increased on-line access for the public and primary care on the same day access capacity. The new eight domains are:
- NHS 111 Online
  - NHS 111 Calls
  - GP Access
  - Urgent Treatment Centres
  - Ambulances
  - Hospitals
  - Hospital to Home
  - Workforce
- 3.8 Councillors will be updated on this at future meetings as part of the CCG update reports.

#### **Preparation for winter 2017/18**

- 3.9 Formal winter planning started in July, with final local plans being signed off in October. This can be provided to Council members once signed off by respective

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boards should this be requested. This year, the winter plan has been planned and written on a System Transformation Partners (STP) footprint, which include Swindon, Bath and North-East Somerset and Wiltshire CCGs and is made up of three distinct Urgent Care System's (UCS) centred on the three acute hospitals of Royal United Hospitals Bath NHS Foundation Trust (RUH) in Bath, Great Western Hospitals NHS Foundation Trust (GWH) in Swindon and Salisbury NHS Foundation Trust in Salisbury. The three UCS's have some interdependency in patients flows, however due to the nature and size of the UK's main Army training area of Salisbury Plain, each system can act independently without a directly impact on the other two UCS's. The STP is further supported by three local A&E Delivery Boards covering each of these areas.

- 3.10 The approach taken by the STP is to recognise the gaps within the Urgent and Emergency Care Delivery Plan (U&EC Delivery Plan) for this winter and to capture the actions being taken to support resilience throughout the winter of 2017/18.
- 3.11 The plans are centred on the following:
- a whole system approach to the delivery of services over the forthcoming winter period and peaks in demand
  - Builds upon lessons learnt within BSW over recent years and in particular from Winter 2016/17
  - Illustrates the approaches to infection control and the seasonal flu campaign
  - Outlines the communications being used over the winter period
  - Identifies the challenges, risks and mitigating actions required
- 3.12 The CCG have received winter plans from all providers to be assured that providers are resilient and have planned for the additional demand on their services.
- 3.13 Swindon CCG have commissioned several additional services and initiatives and these are listed in Appendix 1.

### Escalation

- 3.14 There is a clear escalation process, including a set of expectations and actions against each Operational Performance Escalation Level (OPEL) status that all providers and commissioners must action. The status range is from level 1-4 with 4 being the highest level to declare. This status indicates that providers are at full capacity level, patients are delayed in the ED department when they need to be admitted to a ward but no beds are available, and the numbers of planned discharges are below the expected number needed against expected predicated

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demand on that day. Fundamentally, patient flow through the system is significantly challenged and patient experience and safety is compromised.

#### Flu Planning

- 3.15 Significant arrangements are in place through the Avon and Somerset Local Health Resilience Partnership Influenza Pandemic Framework. The framework builds upon existing arrangements for escalation and winter planning and should be read in conjunction with:
- Avon and Somerset LHRP Communicable Disease Framework
  - Avon and Somerset LHRP Health Community Response Plan
  - Individual Organisations Business Continuity and / or Operational Influenza Pandemic Plans
  - Avon and Somerset Local Resilience Forum (LRF) Excess Deaths Plan
  - Avon and Somerset LRF Pandemic Influenza Plan
- 3.16 This framework has been produced on behalf of Avon and Somerset Local Health Resilience Partnership (LHRP) to support the delivery of an effective response in the event of an Influenza Pandemic.
- 3.17 Australia and New Zealand have had a challenging flu season. Were we to face similar flu levels we would clearly come under substantial additional pressure. This year 21 million people are eligible and being offered the vaccination across England. For at risk patients and the public, new for this year, for the first time we are:
- Vaccinating 8-9-year-old children in school year 4 (as well as those in school years reception to year 3)
  - Vaccinating children at their school (as well as through their GP)
  - Expanding access to vaccinations for pregnant women and the morbidly obese.
- 3.18 In addition, the NHS will for the first time, nationally fund the vaccination of care home staff.
- 3.19 Further improvements are being made to increase the uptake of the flu vaccine by NHS Employees. Last year saw the highest level of NHS employee flu vaccination - reaching nearly two thirds of staff since the programme began fifteen years ago. But that rate varies far too much - from over 90% in some trusts to under 20% in others. There is an expectation *all* NHS organisations will

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ensure that it is easy for staff to be vaccinated, so that having the vaccination is the default position and that not being vaccinated is a conscious, considered and explicit decision by the individual. As part of this, each NHS organisation will need to ensure that every eligible member of staff is personally offered the flu vaccine, and then either signs the consent form to do so, or states if they decline to do so this not because they have not been offered the opportunity to do so. Payment of this year's flu CQUIN will require this record collection.

### Infection Control

- 3.20 Each provider is responsible and has in place individual plans around the management, containment and avoidance of infectious diseases such as norovirus and gastroenteritis and the impact of infectious diseases closing beds are monitored daily. Further impact on the community beds or care provision is also recorded and significant outbreaks are managed in conjunction with the Urgent Care System daily calls. Routine system monitoring of any community outbreaks for the Avon, Gloucestershire and Wiltshire areas is provided on a weekly basis by Public Health England.
- 3.21 Feedback from the BSW STP Winter Review highlighted concerns that the approach to infection control across the STP footprint might not be fully aligned and therefore a review will be conducted across the STP by CCG Directors of Nursing to establish a common approach.
- 3.22 A new Outbreaks Information Pack for care homes has been prepared by Public Health and shared within the Care Homes Forum newsletter. The CCGs are also considering the possibility of training on how to use this pack with care homes. The Care Homes Forum has had a presentation on Infection and the Care Homes Information Pack.

### Learning Disabilities Mortality Review Programme

- 3.23 The Learning Disabilities Mortality Review (LeDeR) Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England in response to the recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD).
- 3.24 The LeDeR Programme has been set up to contribute to improvements in the quality of health and social care for people with learning difficulties. LeDeR provides support to local reviews of deaths of people with learning disabilities aged 4 and above who are registered with a GP in England. Work on the LeDeR programme commenced in June 2015 for an initial three-year period.

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- 3.25 A confidential telephone number and website enables families and other stakeholders to notify the LeDeR team of the death of someone with learning disabilities.
- 3.26 An initial review of the death will then take place. The purpose of this is to establish whether there is sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who has died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice. If indicated, a more in-depth, multiagency review will be conducted.
- 3.27 As part of the review, a local reviewer would speak to family members, carers, professionals, friends and anyone else involved in supporting the person who has died to find out more about their life and the circumstances leading to their death. Involving families in the review process is important and families should be encouraged and supported to be involved throughout the entire review process or as much as the family feel able or want to be involved.
- 3.28 The Programme is also helping to promote and implement support to local areas to take forward the lessons learned in the reviews, as well as to make improvements to service provision. The LeDeR programme also collates and shares the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.
- 3.29 The 'footprint' for the LeDeR Programme includes the four 'regional' NHS England areas, which have been split in to 13 local areas.
- 3.30 It is expected that each of the 13 local areas will establish a 'Local Steering Group' which will be responsible for the implementation of the LeDeR Programme within their area. Each area will also ensure that any learning, recommendations and actions are reviewed and taken forward using locally agreed governance structures.
- 3.31 Membership on the Local Steering Group is still being agreed but will consist of a variety of leads (including safeguarding and quality) across the Transforming Care Plan and will be chaired by the Executive Nurse from Swindon CCG. The role of the Local Steering Group is to:
- Guide the implementation of the programme of local reviews of deaths of people with learning disabilities
  - Receive regular updates from the local area contact about the local reviews of deaths of people with learning disabilities
  - Monitor action plans resulting from local reviews of deaths
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- Take appropriate action as a result of information obtained from local reviews of deaths
  - Resolve any interagency disputes that arise in relation to the local reviews of deaths of people with learning disabilities.

The LeDeR Process Flowchart is attached at Appendix 2 for information.

#### Patient Transport Eligibility Public Engagement

- 3.32 Patient transport is an NHS funded non-emergency service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport (cars/trains/buses/taxis/wheelchair taxis).
- 3.33 NHS organisations across the South West are responsible for commissioning non-emergency patient transport services (NEPTS). They spend over £1 million per year on providing over 600,000 journeys to take patients to hospital or similar appointments.
- 3.34 These 12 CCGs across the South West have decided to work together to review the policies to try and ensure equality of access and that the limited resources available support those who truly need them. We need to ensure that resources are not provided to those who are able to make their own way to or from hospital by other means.
- 3.35 The 12 CCGs have produced a survey to gather patients views on how we can provide fair access to NHS funded patient transport. The feedback and comments will be used to consider how to improve the fairness in the way patients are supported. This survey closes on Friday 10 November 2017 and can be access online:
- [https://www.surveymonkey.co.uk/r/NHS\\_NEPTHHaveYourSay](https://www.surveymonkey.co.uk/r/NHS_NEPTHHaveYourSay)
- 3.36 Based on the outcome of this engagement phase, a new policy will be drafted for the application of eligibility criteria to NEPTS. It may be difficult to get full agreement on the specifics of the policy, but the ambition is to align across the 12 CCGs and implement at the same time.
- 3.37 Based on the policy developed in the previous phase, it is anticipated that there will be a requirement to undertake formal consultation. We expect the formal consultation to take place over a period of 12 weeks and this committee will be kept informed of when this takes place.

#### **4. Alternative Options**

- 4.1 None

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#### **5. Implications, Diversity Impact Assessment and Risk Management**

##### **5.1 Legal and Human Rights Implications**

N/A

##### **5.2 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)**

N/A

##### **5.3 Diversity Impact Assessment**

A DIA has not been completed for the purposes of this update.

##### **5.4 Risk Management**

N/A

#### **6. Consultees**

6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

#### **7. Background Papers**

7.1 None.

#### **8. Appendices**

8.1 Appendix 1 – Summary of Swindon CCG Investment Schemes for Winter 2017

8.2 Appendix 2 – LeDer Process Flowchart