

## **Briefing to Kent County Council HOSC Friday 7 March 2014**

**Subject:** Accident and Emergency – North Kent (Swale - Medway Foundation Trust)

**Date:** 21 February 2014

### **Introduction**

This paper gives members of the Kent County Council Health Overview and Scrutiny Committee (HOSC) an overview of accident and emergency services within North Kent as they affect NHS Swale Clinical Commissioning Group (CCG).

The main provider of acute services for NHS Swale CCG is Medway Maritime Hospital run by Medway NHS Foundation Trust (MFT). NHS Swale CCG works in partnership with NHS Medway CCG as the lead commissioners for the accident and emergency services at MFT.

This winter has been particularly challenging. Following similar pressures in previous years it is known these challenges will continue throughout the next few months.

Additional funding was made available by NHS England to both NHS Medway and NHS Swale CCGs in September 2013 to support the achievement of the A&E access target for 95 per cent of patients attending A&E to receive treatment and to be admitted or discharged within four hours.

However, it was recognised in November 2013 when the funding was made available that MFT would be unable, mathematically, to achieve a 95 per cent target for the full year from 1 April 2013 to 31 March 2014. This was because of poor performance in the first two quarters of the year.

It was agreed between Monitor (the regulator for Foundation Trusts) and MFT that MFT would commit to achieving a week-on-week performance of 95 per cent or above from 1 November 2013.

Performance against this revised target has been variable. Reasons have included the need to embed the Keogh recommendations following the risk summit in May 2013 and the need to recruit additional medical and nursing staff which has taken time to complete. MFT has also recently appointed new Executive Directors in Medicine and Nursing whose impact on the culture of the Trust is taking time to embed.

NHS Medway and NHS Swale CCGs have worked (and continue to work) in partnership with MFT, the South East Coast Ambulance Service NHS Trust (SECAMB), social care partners Kent County Council and Medway Council, mental health trust Kent and Medway NHS and Social Care Partnership Trust (KMPT), and the providers of community services for Medway and Kent to develop initiatives to support the delivery of the access target during the winter months. This has been more challenging because MFT has a number of quality and performance issues from its 'special measures' status.

NHS England released £6.1 million for a five-month period. A number of initiatives across both health and social care were agreed to support delivery of the four-hour access target at Medway Maritime Hospital. A summary is on page 3.

### **Governance**

Although day-to-day responsibility for A&E services at Medway Maritime Hospital sits with the Foundation Trust, it also depends on the support of the other health and social care systems. The system has worked exceptionally hard in an integrated way to support the

Trust. The Trust accepts that pace and involvement within the delivery of urgent care has been 'suboptimal' for a number of internal reasons. However, both the new Medical Director and Nurse Director are committed to the redesign of urgent care with commissioners and local partners. This has led to a number of Kings Fund workshops to discuss how the system can work together better across two complex local authority and health systems.

The urgent care programme is managed through the Medway and Swale Urgent Care Programme Management Group which has representatives from all stakeholder organisations. The group meets monthly to develop strategies to support the delivery of urgent care. A&E performance is monitored through a whole-system dashboard. Relevant actions are agreed to rectify issues where a whole-system approach is required.

The Urgent Care Programme Management Group reports into the Executive Programme Board. The Executive Programme Board, made up of chief and accountable officers, oversees delivery of the urgent care programme with a particular focus on progress against the winter-funded initiatives and the Better Care Fund proposals.

On a day-to-day basis, pressures within urgent care are managed by twice-weekly operational conference calls supported by the Single Health Resilience Early Warning Database (SHREWD) which is updated every day by providers. Information including bed capacity within the acute and community hospitals; ambulance journeys; A&E activity and waiting times; and staff availability can be shared with all organisations. It provides the information required to anticipate and manage pressures in the system on an operational level, particularly relating to issues around capacity and transfers of care which can impact on service delivery.

The minutes of these calls are shared with the Executive Team and the local Area Team of NHS England. During times of intense pressure, conference calls are held daily to monitor service delivery across North Kent.

A weekly report is submitted to the local Area Team, giving information on compliance with the A&E access target, known pressures and risks within the system and the actions agreed to mitigate and address those risks.

Because of MFT's 'special measures' status, the Trust and health economy report through the Quality Surveillance Group (QSG), chaired by the Director of Nursing of the Area Team, to ensure all service improvement and redesign has been quality checked. It ensures it receives the widest support, not only from the local economy but from the wider healthcare system. Both Kent and Medway Healthwatch leaders are involved at QSG level to ensure the patients' voice is central to the improvements made.

### **Performance Management**

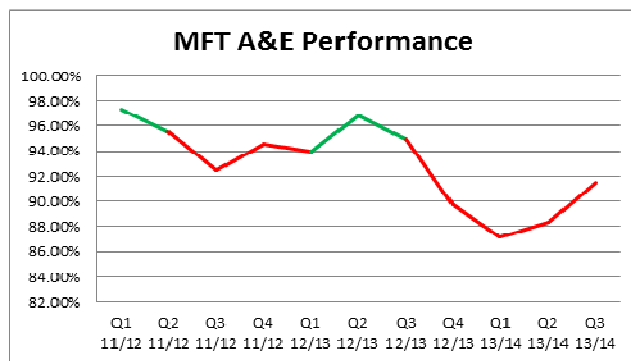
The tables below highlight the significant challenges that have been faced in achieving the 95 per cent access target. Delivery has been significantly below target over the past few months. All agencies are committed to achieving the 95 per cent target on a weekly basis by 31 March. This will be supported by the initiatives funded through the winter money.

The average number of patients attending A&E has been relatively stable over the past two years although in January and February there were more attendances and admissions through A&E. This has had an impact on the availability of both acute and community beds.

**Table 1 – A&E activity data**

	Annual			Average daily		
	Apr2011_Mar 2012	Apr2012_Mar 2013	Est. Apr2013_2014	Apr2011_Mar 2012	Apr2012_Mar 2013	Est. Apr2013_2014
A&E attendance	73688	73431	74264	201.88	201.18	203.46
Emergency admissions (via A&E)	25139	24177	25923	68.87	66.24	71.02
	Average monthly			Winter average		
	Apr2011_Mar 2012	Apr2012_Mar 2013	Est. Apr2013_2014	Winter 11/12	Winter 12/13	Winter 13/14
A&E attendance	6140.67	6119.25	6188.67	22997	22169	23176
Emergency admissions (via A&E)	2094.92	2014.75	2160.25	8196	8241	9255

**Table 2 – measuring performance against the 4 hour target**



**Financial Support and Winter Programme**

As mentioned above the health economy received £6.1m on a non-recurrent basis against specific programmes with the objective of delivering a maximum waiting time of four hours in A&E at Medway Maritime Hospital.

Key performance indicators have been agreed to monitor the success of all the winter-funded projects. A Programme Management Office, reporting to the Executive Programme Board, oversees progress against the delivery of these. The KPIs have been agreed by all partners for the sustainable achievement of the 95 per cent target from 31 March 2014.

Although it is too early to see the impact of most of these schemes on urgent care delivery, the collaborative approach in developing these provides a concrete foundation for future integration.

The key schemes are:

- Integrated Discharge Team (£177,833)** – Based at Medway Maritime Hospital. The integrated health and social care team focusses on the individual needs of the patient. It avoids hospital admission where possible and minimises length of stay by facilitating a safe and timely discharge, thus reducing the number of medically stable patients occupying hospital beds. This scheme has been successfully implemented through a collaborative partnership between all health and social care agencies. The scheme has been running for the same duration as the Darent Valley Hospital (DVH) Integrated Discharge Team but its outputs have not been as successful. One of the reasons (we believe) can be traced back to the leadership and ownership of the team. All DVH integrated discharge team members, regardless of their employing organisation, report into one line management structure. The Medway and Swale IDT do not operate under one line management. Therefore, the employees are not operating in a fully integrated way. The Medway and Swale system is reviewing the outputs and implementation of the IDT in line with the DVH system to ensure that this integrated team has the best opportunity for success. Again, all partners are committed to this approach.

- **Expansion of the Mental Health liaison psychiatry services (£90,064)** - to provide 24/7 cover in A&E
- **Patient education through the development of the Health Help Now web app, associated marketing and evaluation on behalf of east Kent, north Kent and Medway, and further communications (£227,000).** Health Help Now is a web app, aimed at groups with the highest number of attendances at Kent and Medway A&Es: mothers with babies and young children (up to four) and young adults (18 to 34); and also people of working age who are generally healthy. People said they wanted a simple decision tree with advice and detailed information about local services. The app was developed to offer this, using digital technology. By agreement with NHS Medway CCG and NHS England Area Team, the funding included the cost of developing and marketing the app across the Kent and Medway CCGs that wanted to participate. It has been rolled out across east Kent, north Kent and Medway. It can be used on a mobile phone, tablet, laptop and desktop computer. It is now being developed as a downloadable app where people can save their own information, to support self-care and healthy lifestyles. Monies have also been spent on materials for people who do not use the internet or smartphones.
- **Increased staff for Medway A&E department (£451,000)** – provision of additional senior medical and nursing staff with the skills to make early clinical decisions.
- **Extended hours in MFT Pharmacy (£118,000)** - to facilitate discharges weekday evenings and Saturdays.
- **Handover Ambulance Liaison officers in A&E (£50,884)** - to improve clinical handover of patients between SECamb and A&E, leading to improved clinical handover and compliance with the Handover Policy. HALO cover provided seven days a week during core hours 8am to 2am.
- **Provision of additional community beds (£285,269)** – to support timely discharge from the acute Trust to additional community-based health and social care beds.
- **Increase capacity of dementia crisis support (£88,530)** - increasing the number of healthcare assistants and specialist nurses to support a reduction in unnecessary unscheduled episodes of care under the direction of a consultant geriatrician
- **Enhance seven-day occupational therapy (£59,000)** - at the acute and community hospitals to speed up rehab and therefore discharge.
- **Increase in the community respiratory team (£64,364)** - increasing contacts in the community for respiratory patients, preventing an unnecessary visit to A&E.
- **Increased out-of-hours clinical capacity (£370,449)** - to manage winter demand, support primary care out of hours and the A&E and ambulance pathways
- **Enhanced support to Swale care homes (£175,000)** – through the introduction of Community Matrons, Community Geriatrician, GP-led Visiting Medical Officers, Palliative Care Facilitator and an out-of-hours advice and guidance service to prevent unnecessary 999 calls and subsequent conveyances to A&E.

- **GP in the Emergency Operational Centre (£100,000)** – to support paramedics only to convey with permission reducing the number of conveyances to MFT.

### Next Steps

The Government announcement of the Better Care Fund in June 2013 provides the opportunity to transform the system in North Kent to meet the needs of a rapidly ageing population by easing the pressure on acute services through the provision of integrated preventative services in the community. This will involve redesigning acute, mental health, primary and community care provision, bringing existing and new services together to provide the best care to local people in the most efficient way.

The agreed strategy of the North Kent Health and Wellbeing Board commits to the following to achieve the best outcome by 2016:

- **Integrated Discharge Teams:** IDT at Medway Maritime Hospital hosted by MFT to provide a seven-day-a-week service to facilitate supported timely discharge under a one-line management structure.
- **Crisis Response Services:** with access to shared Anticipatory Care Plans by the Ambulance service. Enhanced Rapid Response, Mental Health Crisis Response/ Home Treatment Teams, Enablement Services and Voluntary Sector-based crisis response services. This includes developing integrated Enhanced Rapid Response to support patients in their home and to support them to return to their homes from hospital.
- **Integrated Care Home Support:** Integrated teams including consultant and GP support; Use of technology to care homes/Extra Care Housing providers to prevent unnecessary admissions to hospital
- **Non-Acute Bed Provision:** Step down and step up; consultant and GP support; Integrated Care Centres; Extra Care; Rehab Units; Community Hospital beds; Private Residential and Nursing bed provision
- **Integrated Primary Care Teams for Long-Term Conditions support:** 24/7 access to multi-disciplinary teams coordinated by GP, including mental health/dementia/learning disability; risk stratifying patients; anticipatory shared care planning; access to one care plan for patient/service user and professionals
- **Integrated Access through a Local Referral Unit;** Seven-days-a-week direct access and 24/7 crisis response; access to one care plan based on integrated platform Integrated Therapy Services in the acute community, social care and housing settings
- **Improved data sharing:** Promotion of NHS number, better exchange of health information, use of the health and social care information centre, patients accessing own health records, GPs linked to hospital data

The North Kent Executive Commissioner (KCC, Provider and CCGs) meeting held on 29 January recognised the plan would require mobilising now to enable testing and acceleration of delivery and agreed the following three priorities for 2014/15:

1. Expansion of the Integrated Discharge Team model – with this being hosted by MFT under one line management structure.
2. Integrated Primary Care Team pilots within Swale CCG from April 2014, including reconfiguration of the Local Referral Unit
3. A focus on dementia support for patients and carers

A redesign of health and KCC estates and continued focus on shared IT infrastructure and records to support the priorities.

The strategy to deliver on the Better Care Fund is supported by the report produced in November 2013 by Sir Bruce Keogh, Medical Director of the NHS, which proposes a fundamental shift in the provision of urgent care with more extensive services provided outside of hospital to support patients with self care in the community. The Integrated Primary Care Team and the provision of acute physicians outreaching into the community through the Integrated Discharge Teams will support a 'hospital without walls' model.

### **Conclusion**

The A&E target of 95 per cent has not been met by Medway Foundation Trust since the quarter 3 period of 2012/13.

The Better Care Fund and the Winter Funding for 2013/14 has provided the opportunity for a more collaborative, integrated approach to service delivery across the urgent care programme. Although there is still significant work to be undertaken, the collaborative approach has set the precedent for the model of future partnership working to deliver improvements in both health and well-being and in increasing patient satisfaction.

END

Appendix

NHS England Response to HOSC question for 7 March

### **What role has NHS England taken with regards winter planning for A&E departments?**

In preparation for winter 2013-14 NHS England ensured that each of the clinical commissioning group (CCG) led health economies (North, East and West) had effective winter plans in place.

These were **developed** through the CCG-chaired Urgent Care Working Groups (of which NHS England is a member, together with all providers) and signed off by all members of the group. The plans were aligned with the NHS England South Escalation Framework. These were reviewed locally by NHS England, feedback was provided and good practice identified and shared. The winter monies plans were also developed through these groups.

This ensured that the Kent and Medway Health economies had a shared command and control structure and a commonly understood escalation process and escalation criteria in place for winter pressures right through to major incidents which was understood by all in the economies.

NHS England ensured that the CCGs had completed the same action for the acute trusts (including all of those with A&E departments) that they commission.

NHS England also arranged for all of these winter plans to be tested via a series of three local and one regional exercise. Reports highlighting areas for improvement and good practice were prepared and circulated in time for all organisations plans to be updated before winter. All of these reports were taken to the Local Health Resilience Partnership and reviewed by the KCC Director of Public Health.

All of Kent and Medway's health organisations are represented on the Kent and Medway Local Health Resilience Partnership, which coordinates health planning for emergencies, including periods of significant pressure such as may occur in winter where, for example, this year normal business was disrupted by extreme weather. This group, which is co-chaired by NHS England Director of Operations and Delivery and KCC's Director of Public Health, coordinated a debrief of winter 2012-13. Each of the health economies reviewed their experience of last year to share lessons learned across the whole health economy prior to winter 2013-14.