FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

15 May 2023

Report of the Integrated Care Board

Progress on the Delivery of the Winter Plan

1. Purpose

The purpose of this paper is to provide a progress update on the delivery of the winter plan.

2. Information and Analysis

Progress update:

The Derby and Derbyshire Integrated Care System established a winter plan focused on supporting flow and expediting discharges over the winter period. NHS England identified additional funding to support systems over the period, with a range of schemes identified to support with bed mitigation, enabling system flow and discharges.

The Derby and Derbyshire System has been at high levels of operational escalation throughout the winter period. The system reported Operational Performance Escalation Level (OPEL) three and four (four being the highest in a 1-4 scale) overall during the winter months with a declaration of a Systemwide Critical Incident on two occasions; an increase in ED attendances alongside usual winter pressures and the added challenge of Industrial Action contributed to this. In partnership with our provider colleagues, we were able to manage these periods of escalation well as a system and saw de-escalation of pressure as a result.

Performance Summary:

During the winter period (November 2022 to February 2023) we saw 20,001 more attendances than the previous year. This equated to 167 more patients per day in ED which is an 11.5% rise.

Additionally, compared to the previous January-March, there was an 8% drop in patients attending EDs with a minor condition. However, the numbers of intermediate conditions rose by 22% and major conditions by 2%.

Inpatient admissions and discharges have fluctuated through the period but overall, both have risen by only 0.5%.

Bed occupancy has been high throughout the winter period (November 2022-February 2023) and escalation beds were used. Since then, there has been a gradual reduction, albeit with high daily variation.

The proportion of beds occupied by Long Stay patients saw a dip in January and that has been maintained.

There have been a higher proportion of patients staying in hospital 14+ days and 21+ days compared to previous years.

See below for an overview of the system Opel status split by provider over the winter period.

System Opel status over the winter period (November 2022 – March 2023)

	Nov-22																												
	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
SYSTEM	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
EMAS	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
UHDB - RDH	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	4
CRHFT	2	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4
DHcFT - MHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCoCoSC	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2
DCyCoSC	3	3	3	3	3	3	3	2	2	3	3	3	3	3	2	2	3	3	3	3	3	2	2	2	3	3	3	3	3	3
DUTC	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	2	2	1
DHU GPS	3	1	1	1	1	1	2	1	3	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3
DHU NHS 111	2	2	1	2	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2	3	3	3	2
DHU GP OoH	2	2	2	2	2	2	2	1	2	1	2	2	2	3	3	2	2	3	2	3	3	3	2	2	2	2	2	2	3	3
DHU Comm Nursing OoH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	1
EMAS PTS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
PCN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ashgate Hospice	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

	Dec-22																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
SYSTEM	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	3	3	3	3	3	4	4	4	3	3	3	3	4	4	4
EMAS	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
UHDB - RDH	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	4	4	4
CRHFT	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3	3	3	3	4	4	4
DHcFT - MHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCoCoSC	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3
DCyCoSC	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	2	2	2	3	3	3	3	3	3	2	2	3
DUTC	1	1	1	1	1	1	1	1	1	2	3	3	1	1	2	2	1	1	1	3	2	2	1	4	4	4	3	3	3	2
DHU GPS	3	3	3	3	4	3	4	4	4	2	3	3	2	2	2	2	2	3	3	3	3	2	2	3	2	2	2	3	3	3
DHU NHS 111	2	1	2	3	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4	3	2	2	2	2	2	2	2	3	3
DHU GP OoH	3	3	3	3	3	2	2	2	2	2	4	4	4	3	3	3	3	3	4	4	4	3	3	3	4	4	4	4	4	2
DHU Comm Nursing OoH	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	1	1	1	1	1	1	1
EMAS PTS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3	3	3	3	3	3	3
PCN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ashgate Hospice	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Opel Status of each provider through the winter period:

- Opel 1
- Opel 2
- Opel 3
- Opel 4

	Jan-23																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SYSTEM	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
EMAS	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
UHDB - RDH	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
CRHFT	4	4	4	4	4	4	3	4	4	4	4	3	3	2	3	3	3	2	2	2	3	2	3	3	4	4	3	3	3	3	3
DHcFT - MHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCoCoSC	3	3	4	4	3	4	4	4	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	2	3	2	2	2	2	2	3
DCyCoSC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	2	2	2	2	3	3	3	3	3	3	3	3	3
DUTC	2	1	1	3	2	2	2	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
DHU GPS	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2
DHU NHS 111	3	3	2	2	2	2	2	2	2	2	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	2	2	2
DHU GP OoH	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	2	1	1	1	1	2	2	2	2
DHU Comm Nursing OoH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
EMAS PTS	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
PCN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ashgate Hospice	1	1	1	1	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	Feb-23																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
SYSTEM	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
EMAS	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	2	2	3
UHDB - RDH	3	3	3	4	4	4	4	4	4	3	3	3	3	3	4	3	3	4	4	4	4	4	4	3	3	3	3	3
CRHFT	4	3	3	3	3	3	3	3	3	3	3	2	3	3	2	3	3	3	2	2	3	3	3	3	2	2	2	3
DHcFT - MHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCoCoSC	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCyCoSC	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2	2	2	2	2	2	2	2	2	2	3	3
DUTC	1	1	1	1	2	1	1	1	1	2	1	1	1	1	2	2	1	2	2	1	1	1	1	1	1	1	1	1
DHU GPS	1	1	1	1	1	1	1	2	1	1	2	2	2	2	2	2	2	1	3	3	1	2	1	1	1	2	2	1
DHU NHS 111	1	2	2	2	2	2	2	1	2	1	3	3	2	2	1	2	1	1	3	2	2	2	1	2	2	2	2	2
DHU GP OoH	1	1	2	2	3	2	1	1	1	1	2	2	2	2	2	2	2	2	2	3	3	2	2	2	2	1	3	1	1
DHU Comm Nursing OoH	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
EMAS PTS	3	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3
PCN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ashgate Hospice	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	Mar-23																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SYSTEM	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4
EMAS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
UHDB - RDH	3	3	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3
CRHFT	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	3	2	2	3	3	4	4	4
DHcFT - MHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCHS	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
DCoCoSC	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3
DCyCoSC	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
DUTC	1	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1
DHU GPS	1	1	1	2	2	2	2	2	2	2	2	2	1	2	2	1	2	2	2	2	1	1	2	2	1	2	1	1	1	1	1
DHU NHS 111	1	1	1	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2	3	2	3	3	1	1	1
DHU GP OoH	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2	3	2	2	1	1	1
DHU Comm Nursing OoH	1	1	1	1	1	1	1	1	1	2	2	2	1	1	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
EMAS PTS	3	3	3	3	3	2	3	2	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
General Practice	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Ashgate Hospice	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

1. Alternative Options Considered

Not applicable

2. Implications

Not applicable

3. Consultation

Not applicable

4. Background Papers

Not applicable

5. Appendices

7.1 Appendix 1 – Winter performance

6. Recommendation(s)

The Committee is asked to receive this update on the health and care system's approach to managing additional service pressures during winter, noting that full evaluation of scheme impact is currently underway.

7. Reasons for Recommendation(s)

The paper sets out the headlines of schemes developed to help mitigate pressure during winter 2023/24. The impact of these schemes is currently being evaluated to inform planning for the coming winter.

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Appendix 1: Winter Initiatives 2022/23

Initiative	Detail:	Impact:
Frailty @ front door	A front door frailty team operational at both acute sites to improve the experience and outcomes of people with frailty who present at the emergency departments	Supported admission avoidance
Same Day Emergency Care	Same day emergency care (SDEC) is the streamlining clinical processes so patient care can be delivered on the same day –the SDEC offer was enhanced over the winter period.	Supported admission avoidance
Clinical Navigation Hub	The Derby and Derbyshire Clinical Navigation Hub (CAS) is a clinical assessment and onward referral to be delivered by local senior clinicians based in Derby and Derbyshire and who are familiar with local patients, geography, challenges, pathways, and services. Patients will receive the same response no matter which part of the urgent care system they choose to enter. This will reduce unnecessary referral to onward services.	Reduced pressure on 999 and 111. Ensured patients were in the right place, first time. Promoted alternative pathways.
4 Countywide Winter hubs	Winter HUBs mobilised across the county to support with the increased primary care demand over the winter period. These hubs were then further developed following an ask from NHSE to set up respiratory hubs, 8 fully functioning hubs were in place by January 2023 with respiratory and general capacity built in. Referrals can be made by all system partners. Following face to face assessment, patients who fit the criteria, are enrolled onto the Community Respiratory Virtual Ward.	Supported with increased primary care demand over winter. The hubs saw on average 500 - 600 patients a week.

Primary Care Centre (PCC) support for out of hours.	An additional 11,885 out of hours contacts (appointments – face to face and telephone) over the winter period.	Supported with increased primary care demand out of hours over winter.
Additional same day urgent appointments delivered at practice level	An extra 40,000 same day urgent appointments between November and March within primary care.	Supported the management of extra pressures on the system in particular primary care during the winter period, especially the practices in the most deprived areas. These practices were given funding to provide an extra 10,000 appointments in addition to this in recognition of the additional demands on practices serving in areas of higher deprivation.
Clinical Support Swadlincote An additional 5,170 UTC contacts over the period.	Additional Clinical provision within the centres	Reduced admissions to ED and supported the system to meet increased activity demands.
Allocated monies to support practice resilience (if required)	Additional communications to patients via their GP practices (text) - additional text messaging over Winter for practices.	Impact of scheme being worked through

Virtual Ward (200 VW 'beds')	Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. In a virtual ward support can include remote monitoring using apps, technology platforms, wearables, and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community, which is sometimes called Hospital at Home.	Patients with acute respiratory infections and COPD managed at home preventing use of beds in Acute.

Discharge leads managed schemes:

Initiative	Detail	Impact
Home from Hospital	Link workers based at both acute trusts to expedite and support discharges	Supported discharges out of the Acute which resulted in improved patient flow and increased discharges
Brokerage	Increased social worker capacity to support discharge assessment	Improved patient flow
Overnight discharge support	Overnight discharge Lounge and Hub facility to allow progression of discharges through the 24-hour period	Allowed for effective flow out of the Acute for patients being discharged to their place of residence with a package of care. Resulted in an average of 3-day length of stay saving in the Acute bed base.
Brokerage support for Pathway 3	Brokerage support for Pathway 3.	Reduce length of stay for patients
Non-Emergency Patient Transport (NEPTS) (4 crews per day)	Provided extra capacity to convey more patients over the winter period.	Created extra capacity to convey 1440 patients over the winter period.

Ilkeston Hospital (14 beds)	Additional community hospital beds	Supported with flow and reducing delays in an acute setting
NHS Discharge to Assess	Discharge pathway for pathway 3 patients who require assessment of needs. Placement direct into a Nursing Home rather than community hospital	Impact of scheme being worked through
Communications – Campaigns	This investment delivered a series of campaigns between November 2022 and March 2023. Campaign themes were targeted at changing behaviours across areas such as Urgent Treatment Centres, NHS 111, conditions management, discharge, self-care, falls, pharmacy, GP roles and other key elements.	Impact of communications currently being evaluated.
Interim beds across Derbyshire CC locations (10 beds)	Community Support Beds to support clients from hospitals	Impact of scheme being worked through
Additional Social Workers to support Florence Nightingale Community Hospital Ward 5	Staff providing support for hospital discharges	Impact of scheme being worked through
Florence Nightingale Community Hospital (23 beds)	Additional bedded capacity	204 patients were discharged out of the acute as a result of this initiative
Self-Management Facilitators	Supporting people with self-care techniques and support to maintain independence	Impact of scheme being worked through
Local Area Coordination within Integrated Discharge team/ ED at Royal Derby	A Local Area Coordinator based at the Discharge Assessment unit since 01/12/2022. Making connections with colleagues & connecting to patients who do not meet the threshold for formal care, helping them explore what is available to them in their communities not just based on the specific discharge episode, but on the wider determinants impacting on their admission. The LAC has also been supporting residents already connected to the team, acting as a liaison between the patients circle of support, voluntary & hospital services. LACs are also working closely with colleagues from ED, working with patients identified as being "high intensity users with chaotic lifestyles".	Impact of scheme being worked through

Patient flow workers	Staff to support patient flow from hospitals	Impact of scheme being worked through
Spot-purchasing capacity (City)	Accessible funds to enable spot purchasing of placements to support discharge	Impact of scheme being worked through
Spot-purchasing capacity (County)	Accessible funds to enable spot purchasing of placements to support discharge	Impact of scheme being worked through
VCSE capacity to support discharge	Transport and short-term checks and support (not care)	Impact of scheme being worked through
Mental Health Step Down Residential Capacity (8 beds)	Provision of step-down beds, creating additional capacity for MH beds	Impact of scheme being worked through
Increase NHS111 bookable appointment capacity	Increased offer of NHS111 booked appts at Derby Urgent Treatment Centre (One Medical Group)	N/A
Hospice provision (4 beds)	Additional hospice beds	N/A