

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 10.1
DATE OF MEETING: 29 TH AUGUST 2013 REPORT AUTHOR & CONTACT NUMBER: Carol Hill / Simon Pattison 01582 532049 SUBJECT: WINTER PRESSURES	

WARD(S) AFFECTED: ALL

PURPOSE

1. To provide an update on Winter Pressures detailing current uncertainties regarding funding stream and proposed process for agreeing spend of any available monies. The proposed process & initial list is included as Appendices 1 & 2.

RECOMMENDATION(S)

2. The board is to note the content of this document and risk associated with the potential lack of winter pressures monies.

BACKGROUND

3. Historically Commissioning Organisations (the former PCT's) received Winter Pressures Monies from the then Strategic Health Authorities for investment in extra capacity to manage the increased demand over winter. These monies have been well used in Luton. Last year the Shadow CCG was responsible for the apportionment of any funding and it was anticipated that similar funding would be available this year.

REPORT

4. It has been announced that nationally £500m will be made available to poorly performing Trusts over the next 2 years to improve performance against the 4 hour standard.
5. L&D has consistently performed well against the 4 hour standard.

IMPLICATIONS

6. Thus far there is no confirmation as to whether the "traditional" winter pressures monies will be available to high performing Trust catchments eg Luton.
7. The Luton system's continued high performance against the 4 hour standard has, through the winter months, been partially predicated upon the availability of winter pressures monies.
8. Should the winter pressures monies not be available there is a high risk that performance will suffer and services available to patients will be affected.

CONSULTATIONS

9. LCCG will work with stakeholders across the whole system to agree the priorities for any available funding see appendix 1.

APPENDICES

13. The following appendices are attached to this report:

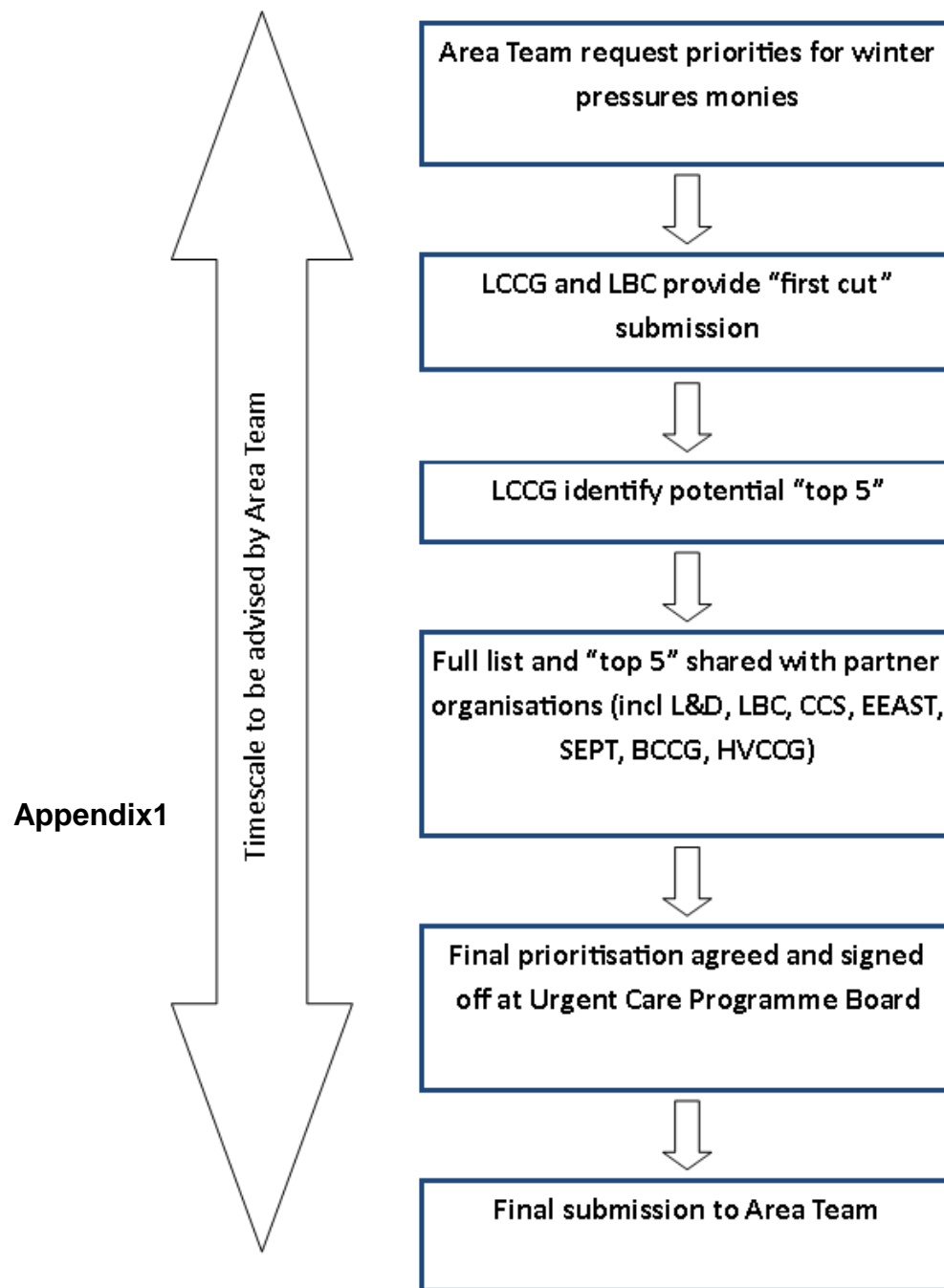
Appendix 1 – Process for prioritisation for any available funding
Appendix2 – Initial top 5 priorities (pending further consultation
"First cut" submission (un-prioritised).

LIST OF BACKGROUND PAPERS

LOCAL GOVERNMENT ACT 1972, SECTION 100D

None.

Prioritisation Process for LCCG Winter Pressures Monies 2013



Appendix 2

Initial Top 5 Priorities for Winter Pressure Monies

- Step up/step down bed provision
- CHC Assessment beds
- Additional GP resource for Urgent Care Centre to reduce pressures on A&E department
- Increasing capacity for patients discharged requiring IV therapy Community Crisis Team
- Increased capacity in Integrated Discharge Team – explore potential for 7 day social care assessments

Full initial submission

NB This needs further development and clarification by partners across the system

Health Care Initiatives

Name of initiative	Dates of operation	Short description of initiative	Methods of monitoring effectiveness of initiative
Frail Elderly Pathway	October – 31 st March 2014	System-wide initiative aimed at reducing number of short stay admissions for the frail elderly	SUS data
Community Transport	October until 31 st March 2014	To commission additional transport through community services to facilitate timely discharge from hospital and between primary care and community services	Contract Performance Monitoring
Community Crisis Response	October until 31 st March 2014	Increasing capacity of team to take patients on discharge from hospital requiring IV therapy.	Contract Performance Monitoring
Support to Chaotic Patients and Frequent attenders	October until 31 st March 2014	Increase flexibility across statutory services to manage complex patients not meeting inclusion criteria of current services and additional funding to voluntary sector to support these patients.	Contract Performance Monitoring
Step up/ Step down beds	October - 31 st March 2014	Increase number of beds available over winter period;	Contract Performance Monitoring
CHC Assessment beds	October – 31 st March 2014	Additional CHC assessment beds	Length of stay. Comparative study of impacts/ patient experience and savings
Nursing beds – short term block	October – 31 st March 2014	To facilitate discharge of patients with nursing needs	Length of stay. Patient outcome measures. Readmission rates
Rehab beds – short term block	October – 31 st March 2014	To facilitate discharge of higher acuity patients.	
Meet and Greet Supported Hospital Discharge Service	October – 31 st March 2014	To provide initial “soft” (e.g. ensuring food is in house, heating is on etc) support to patients upon discharge to facilitate safe and speedy return home avoiding delays.	Length of stay. User feedback
Flex up urgent care centre and Out of Hours as required	October – 31 st March 2014	Additional GP resource for Urgent Care Centre to reduce pressures on A&E department	Daily A&E attendance and activity data
Enhanced Liaison Psychiatry Service	October – March 2014	To develop service that facilitates timely discharge for patients with dementia and delirium and reduces unnecessary length of stay	Length of stay. Patient outcome measures. Readmission rates
Primary Care Locum (s)	October – 31 st March 2013	To increase primary care GP capacity proportional to list size. Increasing access and timely response to primary care services and home visits to patients at risk of unplanned admissions.	Practice level A&E attendance and activity data.

Social Care Initiatives

Name of initiative	Dates of operation	Short description of initiative	Methods of monitoring effectiveness of initiative
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Increase Social Care capacity within hospital discharge team	October until 31 st March 2014	To speed up assessment process and facilitate timely assessments	
Hospital Discharge support – OT reablement	October 2013 – April 2014	<ul style="list-style-type: none"> § To support patient OT/reablement requirements from Hospital EAU back home § To build reablement skill base and increase operational capacity by developing fit for purpose assessment tools within the reablement team (for ongoing sustainability) 	<ul style="list-style-type: none"> § Progression of identified goals in the project plan. § Numbers of patients discharge with reablement support. § Numbers of persons assessed with OT input. § Numbers of persons decreased care packages or no care at the end of reablement period.
Transport availability to support safe and appropriate discharges (car based transport)	October to March 14	Short term contract with independent transport providers to support quick turnaround transport need, enabling patients to return home/ next destination in a timely way.	Performance measures- outputs, Numbers of patients requiring short notice transport. Numbers of patients accessing short notice transport and returning home/ next destination within specified time-bands, e.g., 1-2 hours, 2-4 hours, same day, And; patient/carer satisfaction; care outcomes
Home care additional capacity	October to March 14	Further home care to facilitate discharge and improve flow	LOS
Co-ordinator to support implemented winter pressures solutions	January to March 13	Co-ordination currently all based in hospital and extra staffing would be required to support a more disparate operation	LOS