Review of Demand and Escalation Planning
Sirona Care and Health
Winter 2013-14

Following the review of the performance of the health system over the winter period of 2012/13 and advice from the ECIST review of the RUH, the Clinical Commissioning Group challenged providers to develop a more sustainable approach to the management of demand and escalation over the winter period 2013/14.

In response, Sirona reviewed the out turn from the activity undertaken in the period 2012/13 and used this to estimate capacity. As Sirona is in a unique position as a provider of health and social care, the tool developed measured the required level of health and social care community capacity to ensure effective and timely discharges from the RUH . This information was then triangulated against the predicted discharge requirements required for the winter period 2013-14, as identified by the RUH who based their estimates on their last 3 years data. This allowed Sirona to articulate the required capacity and potential shortfall in community capacity and to use this to develop proposals for use of the 2013/14 winter pressures funding. Sirona worked collaborately with other partners to improve flow in order to ensure safer services, better patient experience and outcomes, and achievement of DH urgent care targets.

Based on the analysis outlined above, Sirona applied for funding for three schemes from the available winter funds. These were:

- 23 beds within residential home settings, to be supported by ring fenced intensive rehabilitation and reablement therapists provided by Sirona, in order to provide an additional step down resource for those too frail to return home without an extended episode of reabelement.
- Development of an overnight support service for those who require additional daily health care to be able to remain safely at home. The service was intended to help people at the end of their life to be able to stay within their community and avoiding an admission to hospital.
- Increased resource for the Early Stroke Discharge team to be able to support more people to return home after a stroke as soon as they are able to do so. It is recognised that an extended stay in an acute hospital bed does affect the recovery time for stroke survivors.

NHS B&NES CCG had already agreed to invest additional resource in the Sirona IMPACT team, who manage people with respiratory conditions including COPD; this allowed extenstion to provide a 6 day service. The Hospital Social Work team were also piloting the provision of services over the weekend in the RUH to support better access for family meetings and support effective discharge planning.

The initial analysis meant that on a daily basis there was a clear expectation of the level of expected demand and available capacity, including the number of expected discharges from the RUH and the number of referrals from the community and the capacity available in each scheme to respond to this demand.

The information from the additional services resourced as part of the winter funding was closely reviewed on a weekly basis and presented to the Sirona Senior Leadership Team on a regular basis. The Urgent Care Working Group also received regular reports to identify where resources have been targeted and the effectiveness of the projects.This created a much more strategic approach to meet

fluctuating demand including an opportunity to regulalry review the required workforce to manage peaks of demand .

Perfomance during winter 20-13-14

Data from all relevant services has been collated to record total activity resulting from referrals received from the RUH and also from community sources. This has been mapped against the predicted demand based on activity modelling using data analysis from 2013/13. The graphs below indicate the total activity from the following services:

- Community Hospital admissions (including transfers from RUH and Direct admissions to Paulton)
- Early Stroke Discharge team
- IMPACT (Respiratory Service)
- Rablement urgent referrals
- Reablement non-urgent referrals
- Night support workers
- Reablement bed admissions
- Placements to care homes (from RUH and community)
- Implementation of packages of care (from RUH and community)
- Referrals to district nursing services from RUH

Fig 1: Planned vs Actual: discharges from the RUH

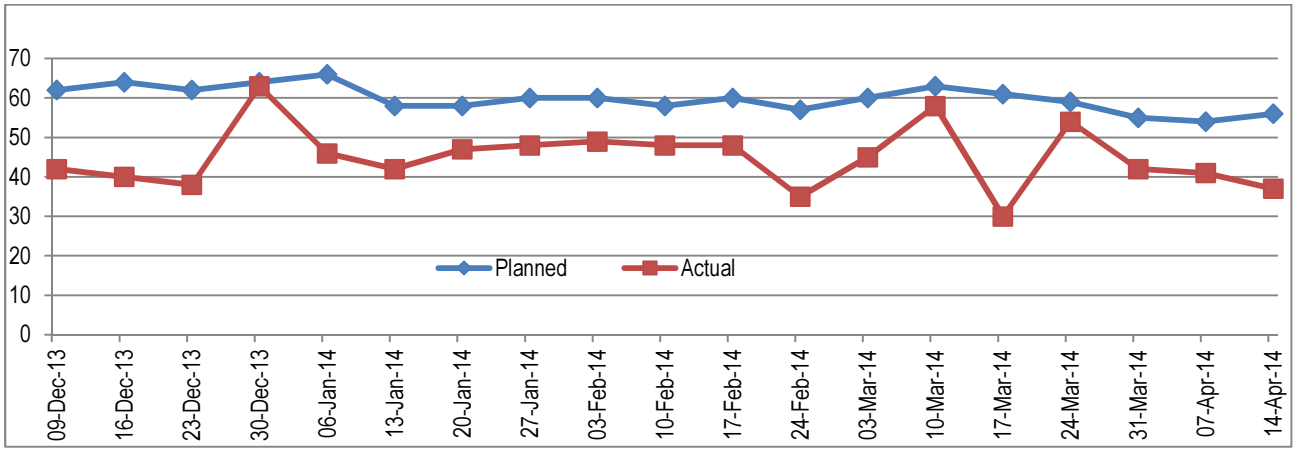
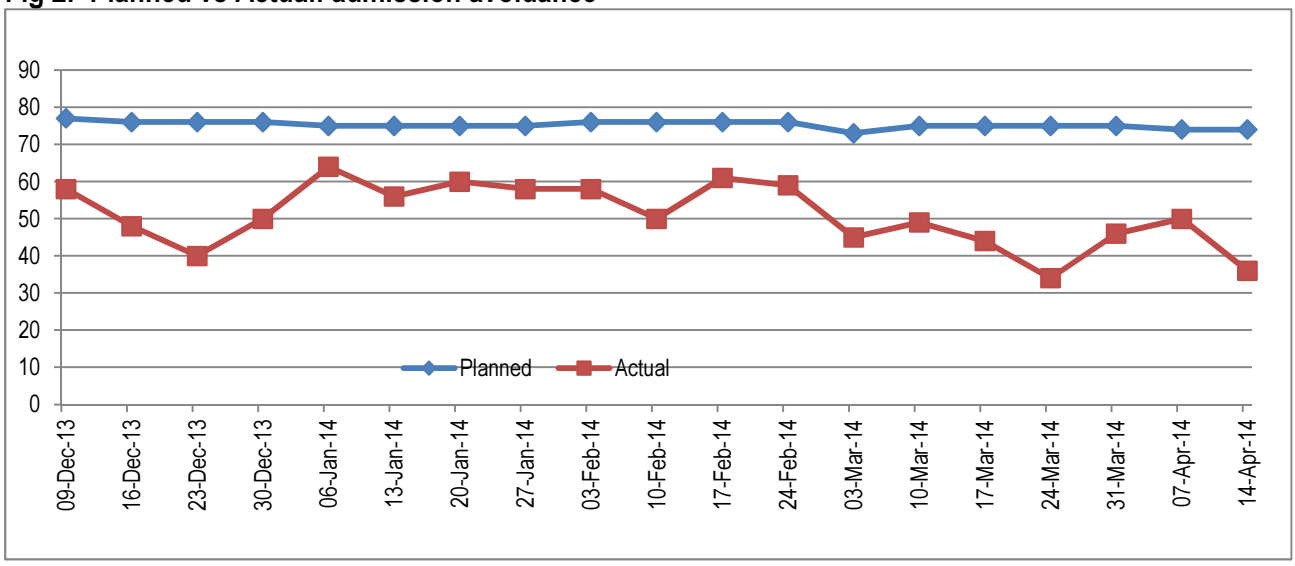


Fig 2: Planned vs Actual: admission avoidance



The services that have been implemented as a result of the additional funding from the winter pressures resource have been monitored closely to support further evaluation of their effectiveness in managing flow through the care system. There has already been an extension of the night support service to the end of April and the reablement beds until the end of June 2014.

With the introduction of robust reporting processes through the winter period, there has also been the opportunity to review the number of social care funded placements and packages of care that have been delivered over this period of November 2013 to March 2014. The capacity management tool that Sirona has developed to monitor capacity against demand included the numbers of long term social care placements that the hospital and locality social care staff commissioned compared to the same period in 2012/13.

	Oct 2012- Jan 13 (actual)	Oct 2013- Jan 14 (actual)
Long Term Residential and Nursing Home Placement s	84	66

This represents a reduction of 21.4%.in long term social care placements in care homes (residential or nursing home) compared to the same period last year as a consequence of the proactive approach to reablement.

Impact on service user flow

The additional capacity secured within community health and social care services in B&NES resulted in community services operating at circa 75% capacity. There were three main peaks of demand occuring in weeks beginning 30/12/13 , 10/3/14 and 24/3/14. The original planning assumptions were that the additional services put in place to support the winter period would be fully utilised, however part of the learning from this winter is that the availability of spare community capacity throughout the 21 week winter period ensured there were very few occasions when patient flow for Bath & North East Somerset residents was compromised.

Table 1 Use of available capacity in winter months 2011-14

Royal United Hospital			
Activity	**Planned**	**Actual**	**Actual as % of Planned**
Community Hospital Beds	269	225	83.6%
Reablement Urgent	35	33	94.3%
Reablement Non-Urgent	182	137	75.3%
Reablement Beds	75	46	61.3%
Night Packages	33	1	3.0%
EDS Stroke	18	34	188.9%
Impact	106	53	50.0%

SW Discharges to Placement	65	93	143.1%
SW Discharges with Package Of Care	134	99	73.9%
District Nursing	177	105	59.3%
Total	**1094**	**826**	**75.5%**
Community Wards			
Activity	**Planned**	**Actual**	**Actual as % of Planned**
Community Hospital Beds	71	46	64.8%
Reablement Urgent	251	204	81.3%
Reablement Non-Urgent	554	472	85.2%
Reablement Beds	0	8	-
Night Care	0	30	-
Stroke	29	25	86.2%
Impact	214	61	28.5%
Locality Team Placements / Package Of Care	241	157	65.1%
Total	**1360**	**1003**	**73.8%**

Lessons learnt

The key lessons learnt which will inform capacity planning in the future were :

- The detailed prospective articulation of discharge requirements by the RUH allowed Sirona to triangulate capacity and demand more effectively than in previous years and the accuracy of planning for future years will be enhanced by the data collated in 2013/14.
- Capacity planned was slightly more than actually required, but the additional resource has maintained flow.
- The additional capacity put in place to support early discharge of people who have had a stroke has been utilised to full extent, with a corresponding reduction in the people delayed in the RUH Acute Stroke Unit and in the Sulis Stroke beds at St Martins Hospital.
- The Impact team have developed the model further with the respiratory consultants and will be supporting non CF bronchiectasis patients as well as COPD.
- There are still delays reported with accessing Domiciliary Care but the planned expansion of the health and social care reablement model will address this situation and will support the implementation of a streamlined pathway.
- Any additional community escalation beds should comprise mainly Residential Home beds, with a small number of Nursing Home beds for frail patients on the reablement pathway.
- There have been some problems in ensuring that the providers who came forward to provide interim reablement beds have been provided with adequate support to manage the complexity and frailty of patients that were discharged to them. A meeting of representatives of relevant organisations including the Council, RUH, relevant GP practices, the residential care home and

Sirona is to be held to explore the issues raised by the scheme and to ensure any future partnership initiatives are delivered successfully.

- The revised model of community provision was implemented by Sirona in February 2014. Multidisciplinary Team Meetings now take place in all B&NES GP practices in order to review people with the most complex and urgent needs and to provide oversight of those with stable but complex needs who requiring intensive monitoring. Early feedback is positive with staff reporting improved integrated patient care and admission avoidance.
- Also as part of the revised model of community provision, the Active Ageing service came on stream in February 2014. This is a new service provided by Health Visitors who take a proactive preventative approach to maintaining elderly frail people at home. It is anticipated that this will contribute to admission avoidance in the longer term.
- There is a requirement to ensure there is a longer planning and lead in time to implement schemes cost effectively with a robust and efficient workforce model. This approach will also ensure that the capacity is online to meet expected demand.
- Earlier indication of resources available would also support more effective communication about services that are to be implemented thereby ensuring effective uptake of new schemes from the outset.
- The system benefited from clear leadership from the CCG and the Programme Lead to ensure there was no loss of focus and to implement effective communication systems through the jointly reported scorecard tool and regual teleconferences.

Next steps

Sirona now has a further level of data from this period to be able to support future planning for the development of services in response to potential winter escalation and demand predicted for 2014/15. The reporting sequence has been extended and is being reviewed to develop a robust structure to build on the planning process throughout the year to ensure ongoing operational resilience and capacity planning.