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Title of meeting:	Cabinet
Subject:	Winter pressures in the NHS system
Date of meeting:	11 January 2022
Report by:	Andy Biddle, Director of Adult Social Care
Wards affected:	All

1. Requested by

Cllr Gerald Vernon-Jackson, MB, Leader of the City Council.

2. Purpose

To update the Cabinet on the pressures at Portsmouth Hospitals University Trust, (PHU) and the Portsmouth & South-East Hampshire, (PSEH) Local Delivery System response.

3. Information Requested

Given the concerns about the pressure at PHU, the Leader of the Council has requested assurance that the Council is supporting the NHS during the 2021/22 winter and that Council officers are in regular contact with PHU to ensure that all actions to discharge Portsmouth citizens in a safe and timely way are being taken.

4. Context

In the Portsmouth & South-East Hampshire (PSEH) 'Local Delivery System' (previously known as the Integrated Care Partnership) NHS Community Trusts, (Solent and Southern) Clinical Commissioning Groups, (Hampshire Southampton & Isle of Wight (HSIOW) and Portsmouth) Portsmouth Hospitals University Trust, South Central Ambulance Service, (SCAS) and Hampshire and Portsmouth Local Authorities work together to manage the need for health and social care services around the hospital 'footprint'. This partnership working has been in place for some years. As a general rule, PHU sees 2/3 of its patients from the Hampshire area and 1/3 from Portsmouth.

Since the publication of the initial COVID-19 Hospital discharge guidance in March 2020, Portsmouth City Council has worked as part of the PSEH system with the following commitments.

- PCC staff working in the Portsmouth Rehabilitation and Reablement Team, (PRRT) with NHS Solent colleagues focussed on responding to needs within the community and avoid conveyance by ambulance to hospital or admission to hospital where appropriate and safe to do so. This service has been strengthened to increase capacity to support more people in the community and is now working more closely

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with South Central Ambulance Service (SCAS) to prevent ambulance dispatch and conveyance, where the patient can be safely managed in the community.

- PCC staff also work in the multi-agency 'discharge hub' which discharges people from hospital and ensures they have the care and support they need on discharge.
- PCC staff work in the Portsmouth Community Assessment Team, (PCAT) so that an assessment of need is made following discharge from hospital to help Portsmouth residents move to the most appropriate accommodation, with the most appropriate care following the initial support they have had on discharge from Hospital.
- The Assistant Director, (AD) for Health & Care Partnerships in adult social care works with PCCG, PHU and NHS Solent as the 'Senior Responsible Officer' (SRO) for discharge and flow and is able to represent Solent NHS Trust, Portsmouth CCG and PCC in directing resources for discharge and community response most appropriately.
- In addition to this, the AD has met regularly with the Chief Operating Officer group of HCC, PHU, SCAS, Solent NHS Trust, Southern Health Foundation Trust, the GP federations for both Portsmouth and South-East Hampshire HSIOW CCG and PCCG. The purpose of this dialogue to raise any issues that could improve discharge and flow.
- The Southsea unit at Harry Sotnick House has also provided 20 discharge to assess beds since January 2021, to enable people to be discharged in a safe and timely way and make further decisions about their discharge destination and care support.
- As part of the usual discharge support resources, PCC also contracts with a care agency in the city to provide 'bridging' care, that is temporary domiciliary care whilst a longer term package of support is being determined following discharge from Hospital.
- PCC supports the system meetings and calls required to provide assurance to system partners of our actions in preparation for Integrated Care System and NHS England assurance calls. These are currently;
 - An Ops Teams Meeting at 9am, Monday to Friday whereby we advise on expected performance against our system partners assigned discharge target and what actions we are taking to increase discharges.
 - A Chief Operating Officers Teams Meeting at 1400 (or brought forward to 1230 when system pressure is more severe) each day, Monday to Friday, which takes escalations from the Ops meeting and seeks updates from partners on progress with projects and discharge performance.

Additional meetings are/can be called at short notice, depending on the performance of the system related to discharges from the hospital.

5. PSEH Winter 2021/22Response

The winter of 2021/22 is anticipated to be difficult for NHS organisations, given the impact of the COVID-19 pandemic on staff and resources, the need to restore surgical interventions for those that need them and the strain on staffing seen by all health and care organisations.

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In Portsmouth, there is strain in primary care where there are an estimated 2,500 patients per General Practitioner¹. This can result in people having difficulty in seeing their GP. The city's Urgent Treatment Centre, (UTC) at the St Mary's site has had difficulty recruiting staff meaning increased waiting times and reduced operating hours, which equally impacts on Portsmouth residents' access to healthcare. Portsmouth CCG continues to work closely with GP practices in the City, primary care networks and the GP Federation Portsmouth Primary Care Alliance (PPCA) (who provide acute visiting services, clinical assessment services, enhanced access and GP out of hours services to City residents), to increase GP capacity. National funding has been received to enable up to 9000 additional GP appointments over the winter period.

All of the above factors impact on the numbers of people seeking healthcare support from the Hospital and the PSEH system has seen higher use of the 111 and 999 numbers and more people conveyed to hospital by ambulance. When people are admitted, this then impacts on hospital occupancy and with more people in Hospital and less beds available to take patients from the Emergency Department, (ED) this impacts on the time it takes for an ambulance to hand over a patient to the ED and be available for call again. The occupancy of the Hospital has averaged at above 95% and there are regular occurrences where ambulances are held at the ED unable to hand over the care of patients to the Hospital. This local concern about ambulances being held at Hospitals and unable to respond to emergency call outs is also a national concern with all ambulance trusts in England declaring their highest level of alert.

It should be noted that the Emergency Department includes several different areas.

In October 2021, in response to the increasing pressures, the PSEH system submitted an initial plan to NHS England, (NHSE) intended to reduce the high number of ambulances being held at the Emergency Department.

The plan is based on the fact that avoiding an admission to hospital, (where appropriate) and access to care and support in a person's own home is a more effective intervention for individuals and for the NHS. This plan has been refined through discussion and testing and is based on 3 principles:

- Reduce demand at the Emergency Department by reducing attendance & admission numbers
- Ensure that people only stay in their acute or community hospital bed for as long as is needed, and no longer
- Increase timeliness and volume of daily discharges from our hospitals

These principles have 5 key actions in addition to the usual arrangements for discharge:

- I. The creation of an Emergency Care Centre within the Emergency Department at PHU - this new space is designed to see people who 'walk in' to ED, (up to 60

¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-7281/>

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people per day). and free up the seated area in ED 'Majors' to be used as a surge area for the Emergency Department, increasing capacity of the unit by 12 spaces. In addition, a new modular ward is due to open in December 2021, providing further capacity in ED.

- II. Same Day Emergency Care, (SDEC)/Medical Village - The Medical Village will co-locate all short stay medical patients in one footprint and create a larger 'Same Day Emergency Care' (SDEC) area to treat people on the same day as an alternative to admission. By seeing people who are awaiting a 'Decision to Admit' the unit aims to reduce the number of people in the main ED.
- III. High Impact Team - a multi-disciplinary team based at ED to identify alternatives to admission through knowledge of community-based alternatives.
- IV. Clinical Assessment Service, (CAS) and bookable appointments - enable more people to be seen by a GP if they are at risk of conveyance to hospital, to ensure a clinical assessment before conveyance. Increasing GP appointments for the 111 service and the Unscheduled Treatment Centre, (UTC) as an alternative to directing people to the ED.
- V. Additional Community Capacity - increased Discharge to Assess, (D2A) beds within the community. This is a commitment from Portsmouth City Council, (PCC) and Portsmouth CCG, (PCCG) to increase the beds available in the Southsea unit from 20 to 40. Portsmouth City Council and NHS Solent are also working to increase capacity in the Portsmouth Rehab and Reablement Team, (PRRT) to see more people as an urgent response in the community. PCC and PCCG are also seeking to source increased therapy provision and increased domiciliary care.

All of the above plans are funded by the NHS whilst PSEH awaits the result of a bid for funding to NHSE.

6. Governance

The support arrangements from all organisations, in addition to that previously have also adapted as below:

The Chief Operating Officers from all partners within PSEH and Assistant Directors from Local Authority adult social care now meet on a twice daily basis to review the data and pressures in the acute trust and agree immediate actions.

The Chief Executive Officers from the NHS and Local Authorities in PSEH meet together three times per week to agree any areas for escalation and action and to unblock any systemic issues identified.

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As of late November 2021, numbers of ambulances held at PHU had begun to decrease, but this is a fluctuating picture and all organisations involved continue to commit to collaboration, action and dialogue to implement the plan.

7. Risks

The current environment in which all PSEH organisations operate has significant risks that impact on plans.

Recruitment of staff is an issue for both the NHS and Local Authorities. Overall, total workforce vacancies across the NHS stood at 93,806 as of June 2021, (9.6%²) – up by 23% since March 2021 (76,082) and 13% since June 2020 (83,203)³. Work is ongoing across HIOW Integrated Care System and both regionally and nationally to increase recruitment and retention, including exploring opportunities with international recruitment

For adult social care, pre-Covid19, the social care sector had a vacancy rate of 122,000 full time equivalent posts, (8%) and the highest turnover of any sector at 30.8%. Following the first two waves of the pandemic, (which saw a drop in vacant posts) the rate has now increased to 8.2% and it is suspected this will continue on an upward trend⁴.

In terms of both prevention of admission and timely discharge from hospital, there are embedded problems with recruiting to domiciliary care. In Portsmouth, since 2017/18. The usual expectation of domiciliary care is fulfilling the need for a support package on the same day, as at November 2021 the average was 5 days to source a package of support.

This is partly a function of demand. The impact of assessing need post-discharge from hospital, (as per guidance⁵), the change from Medically Fit For Discharge, (MFFD) to Medically Optimised For Discharge, (MOFD) and the application of criteria to reside⁶, means more people with a greater acuity of need coming out of Hospital, with a corresponding increase in domiciliary care, to enable safe transition home. The cumulative effect of the above process changes has led to significant growth in demand for domiciliary care and has required an additional 2,100 hours per week being commissioned at a cost of circa £2million per year.

In terms of capacity, social care is paid at National Minimum Wage in most cases and, with the ending of furlough and impact of Brexit, other sectors of the economy are offering more attractive pay rates, which reduces the pool of workers in the domiciliary care sector.

² <https://www.statista.com/statistics/1269990/nhs-england-workforce-vacancy-rate-by-staff-group/>

³ <https://www.nursingtimes.net/news/workforce/a-bleak-picture-nurse-vacancies-increase-across-english-nhs-26-08-2021/>

⁴ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁵ <https://www.gov.uk/government/collections/hospital-discharge-service-guidance>

⁶ [criteria to reside](#)

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Social care providers also inform that some of their workers are seeking NHS careers, linked to better pay, terms & conditions and career development.

This winter is likely to be challenging considering covid and other respiratory viruses, including influenza and paediatric Respiratory Syncytial V, (RSV) causing pressures in the NHS. Rates of COVID-19 in the community are also high and, whilst vaccination rates have reduced hospital admissions for COVID, even smaller numbers needing NHS acute care adds to the general pressure.

In summary, the hospital is changing how it sees people in need of their care, there is a focus on increased alternatives to hospital and an effort to increase resources to enable swifter discharge. By using these methods and resources, it is hoped that this can impact on reducing occupancy at the Hospital and the time taken for an ambulance to hand over to ED staff.

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Signed by (Director)

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location