



Creating a  
healthier  
Hull



Hull

Clinical Commissioning Group

# Health Overview and Scrutiny Commission CCG Update

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Director of Integrated Commissioning

- Update on Urgent Care & Winter
- Local Maternity Service Plan



# Winter 2017/2018

- From NHS perspective winter started October 2017 and is currently ongoing (projected finish mid April but may be later)
- All local commissioners and providers have worked together to try and keep system working as smoothly as possible
- Pre winter CCG & HullCC increased our community bed base by 19 beds, making 87 beds available for step down and rehab
- HEYT put in a 27 bed winter ward
- Calls have been held with NHS England and NHS Improvement twice a week
- Local 'system calls' have been held up to twice daily when services have been challenged



## Plans ( cont)

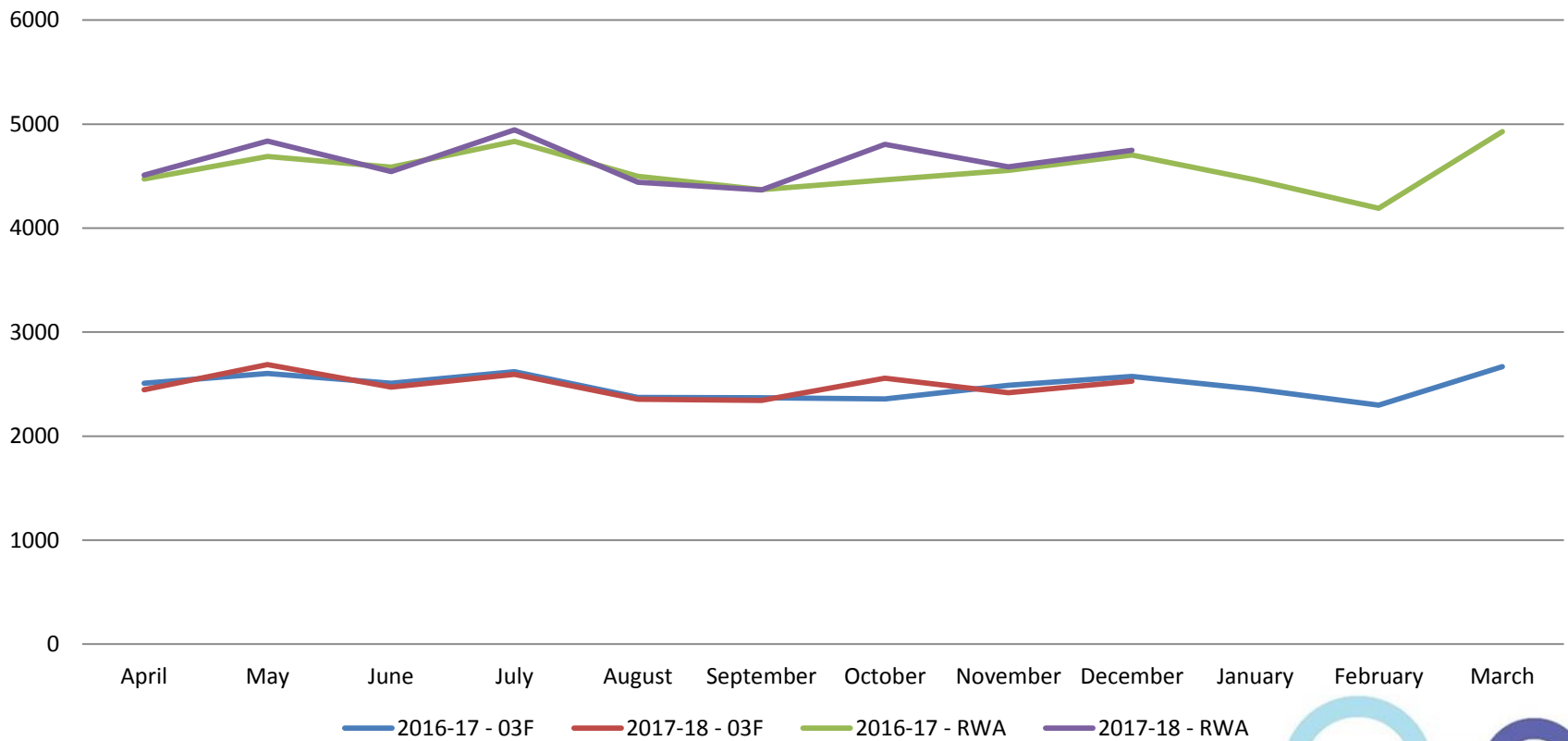
- Care home project initiated
- Falls team in place
- 24/7 MH crisis response operational in A&E and opened crisis pad in community which has redirected some reattenders from A&E to the right care & support
- HullCC introduced 7 day working with brokerage on site at HRI
- Online access to GP available across most GP practices to free up appointments
- Extensive communication campaign both with HEYT leading and CHCPs to raise awareness of Bransholme

# A&E Performance since Oct 2017

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total attendances	11,475	10,958	13,536	10,461	10,994	8,274
Performance (Month)	90.17%	89.84%	83.14%	76.33%	79.03%	72.93%
Performance (Quarter)	87.42%			76.38%		
Performance (YTD)	91.46%	91.28%	90.29%	89.09%	88.26%	87.36%

# Hospital Activity (Emergency pathway)

**03F - Hull CCG - Non Elective Activity Trends 2016/17 & 2017/18**  
RWA = HEYT



# Why are A&E Waits Increasing?

- Although activity has been stable the hospital report that patients have been sicker when they have attended A&E and have needed to stay in hospital longer
- This can mean that beds are not freed up quickly enough reducing so that the number of beds available for new patients
- Patients then can sometimes be held in A&E until a bed becomes available, meaning that ambulances may have to wait to be able to hand their patient over
- There have also been significant outbreaks of Flu and gastro-enteritis both in the Hospital and in our Community facilities over the winter months



# What are we doing to resolve?

- A winter ward was opened at HRI to provide extra capacity
- Additional Health and Social Care beds have been commissioned in the community
- The criteria for the community beds have been flexed to enable a wider range of patients to be transferred out
- Assessments for what further care is needed are happening faster ( see & solve , transfer to assess)
- Regular checks are made to ensure that patient care is not being unduly affected by long waits in A&E



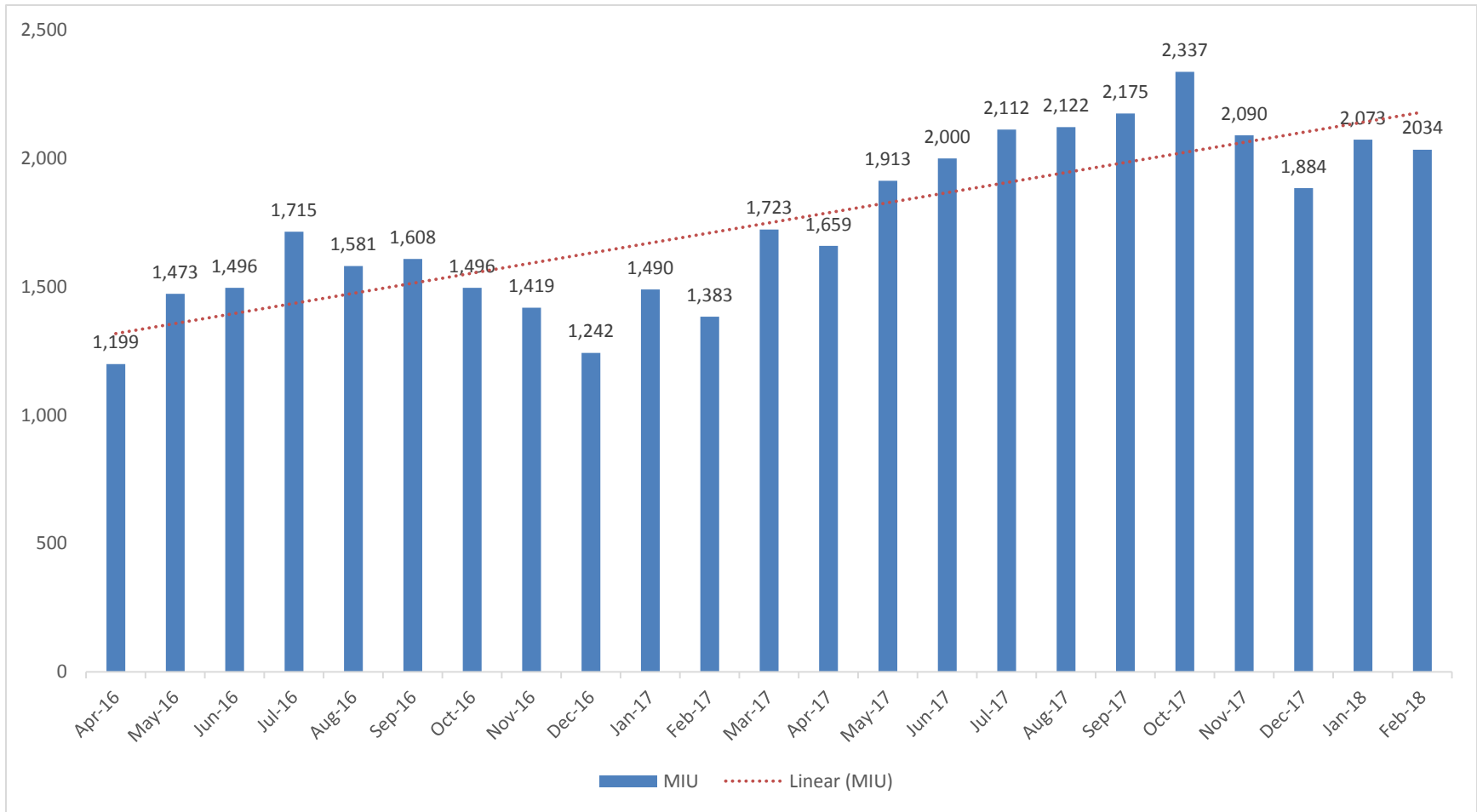


# Community Integrated Urgent Care Services

- Face to face contacts across community urgent care saw highest figures in the year in December and January with diagnosis and treatment completed – averaging **800 more contacts per month** on previous months
- In December and January total of **612 X-rays carried out** in urgent care community setting
- Performance against **4 hour target** for the UCC service in December and January = **99.1%**

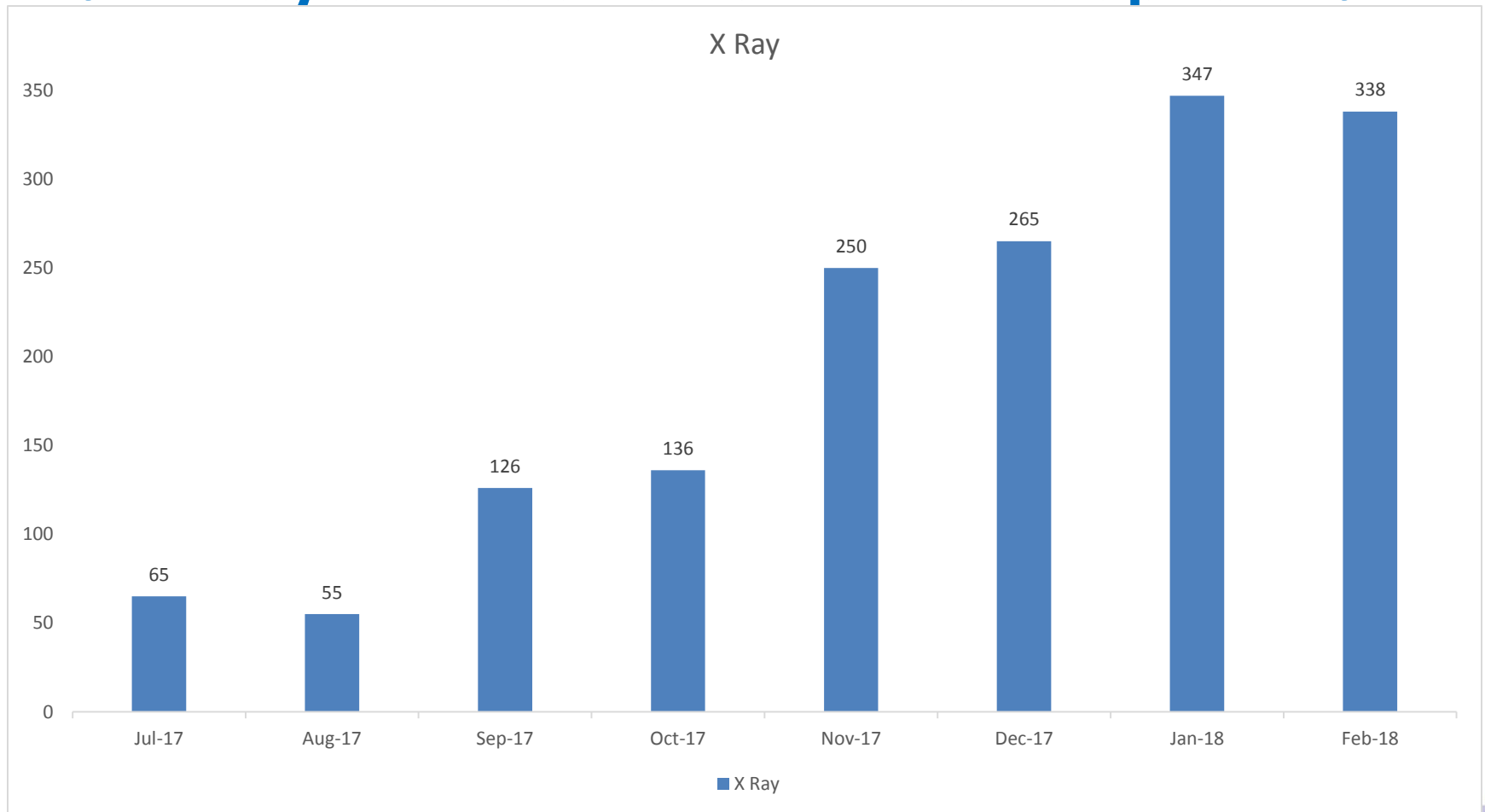


# Bransholme Urgent Care Centre Activity



# UCC X-Ray

## % X-ray of overall attendances is up 16-17%



# Presenting Conditions

Allergy (including anaphylaxis)	0.32%
Bites/stings	2.24%
Burns and scalds*	3.48%
Cardiac conditions*	0.18%
Central Nervous System conditions* (excluding strokes)	0.09%
Cerebro-vascular conditions	0.41%
Contusion/abrasion*	5.68%
Dermatological conditions	0.92%
Diabetes and other endocrinological conditions*	0.05%
Diagnosis not classifiable	7.28%
Dislocation/fracture/joint injury/amputation*	9.02%
Electric shock	0.09%
ENT conditions	1.33%
Facio-maxillary conditions	0.27%
Foreign body	1.83%
Gastrointestinal conditions*	0.55%
Gynaecological conditions	0.18%
Head injury*	2.93%

Infectious disease*	0.69%
Laceration	13.96%
Local infection	4.76%
Muscle/tendon injury	2.56%
Nerve injury	0.14%
Nothing abnormal detected	2.24%
Obstetric conditions	0.14%
Ophthalmological conditions	3.11%
Other vascular conditions	0.14%
Poisoning* (including overdose)	0.05%
Psychiatric conditions	0.14%
Respiratory conditions*	0.59%
Soft tissue inflammation	24.03%
Sprain/ligament injury	9.29%
Urological conditions (including cystitis)	0.23%
Vascular injury	0.18%
Blank	0.92%

# Summary

- Patients who need rehabilitation in the community or have clear social care needs are passing through the system well and delayed transfers of care are being managed
- However there are a number of sicker patients who need nursing / therapy support who are not yet ready for rehabilitation but who do not need to be in an acute bed – these patients are not getting out of the hospital as quickly as they could (sub-acute patients)
- Although activity has increased at the new urgent care centre some patients with clinical conditions that could be managed by their GP or at the Bransholme Urgent Care Centre are still going to A&E ( frequent attenders)

## Work is ongoing to:

- Explore options to create a ‘discharge ward’ on either the Hull Royal or Castle Hill site where patients can go whilst they are being assessed for what care they need next
- Identify opportunities to commission beds within the community that can care for the more complex ‘sub-acute’ patient
- Reduce duplication of assessments
- Manage reattendance
- Continue the public communications
- Care home intervention – Jean Bishop ICC
- Whole system winter review

## Vision

*Personalised maternity care delivered by integrated high quality services which demonstrate the experience and outcomes that our population deserves*

# Programme

- STP wide
- Kevin Phillips – Medical Director (HEYT) Chair and Operational Lead

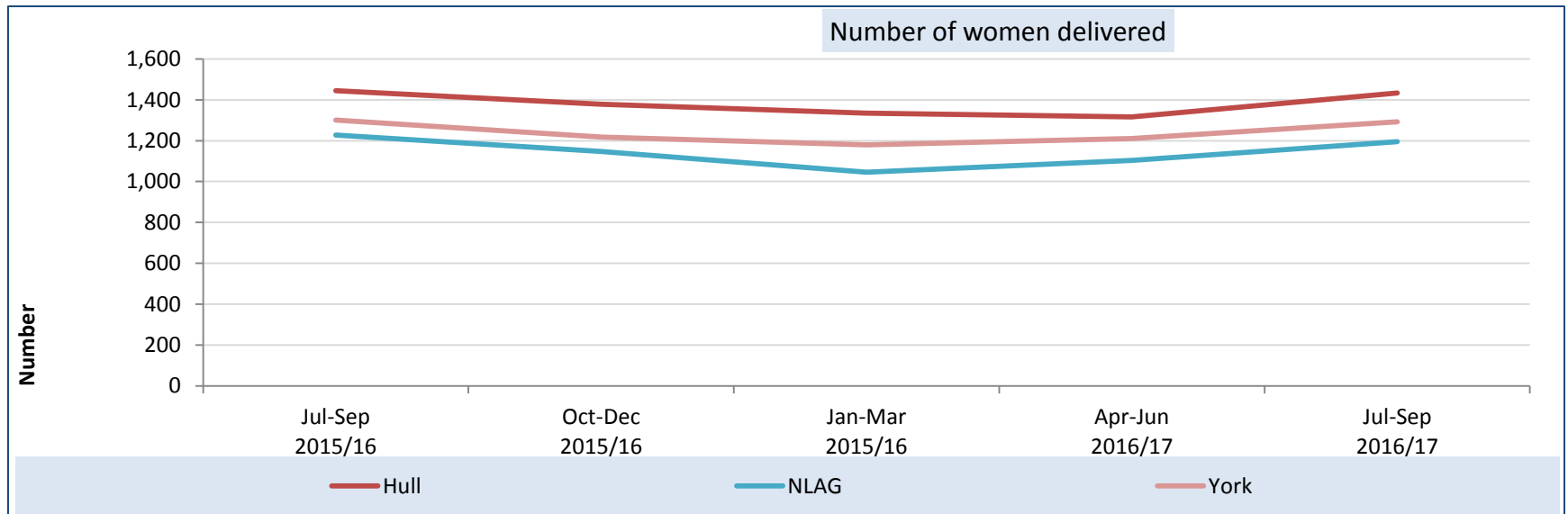
Organisations within the Local Maternity System include:

- 6 Clinical Commissioning Groups
- 3 Acute Trusts
- 3 Mental Health trusts
- 6 Local Authorities
- 2 Ambulance Trusts

A range of other health and care organisations including community providers and community and voluntary sector organisations

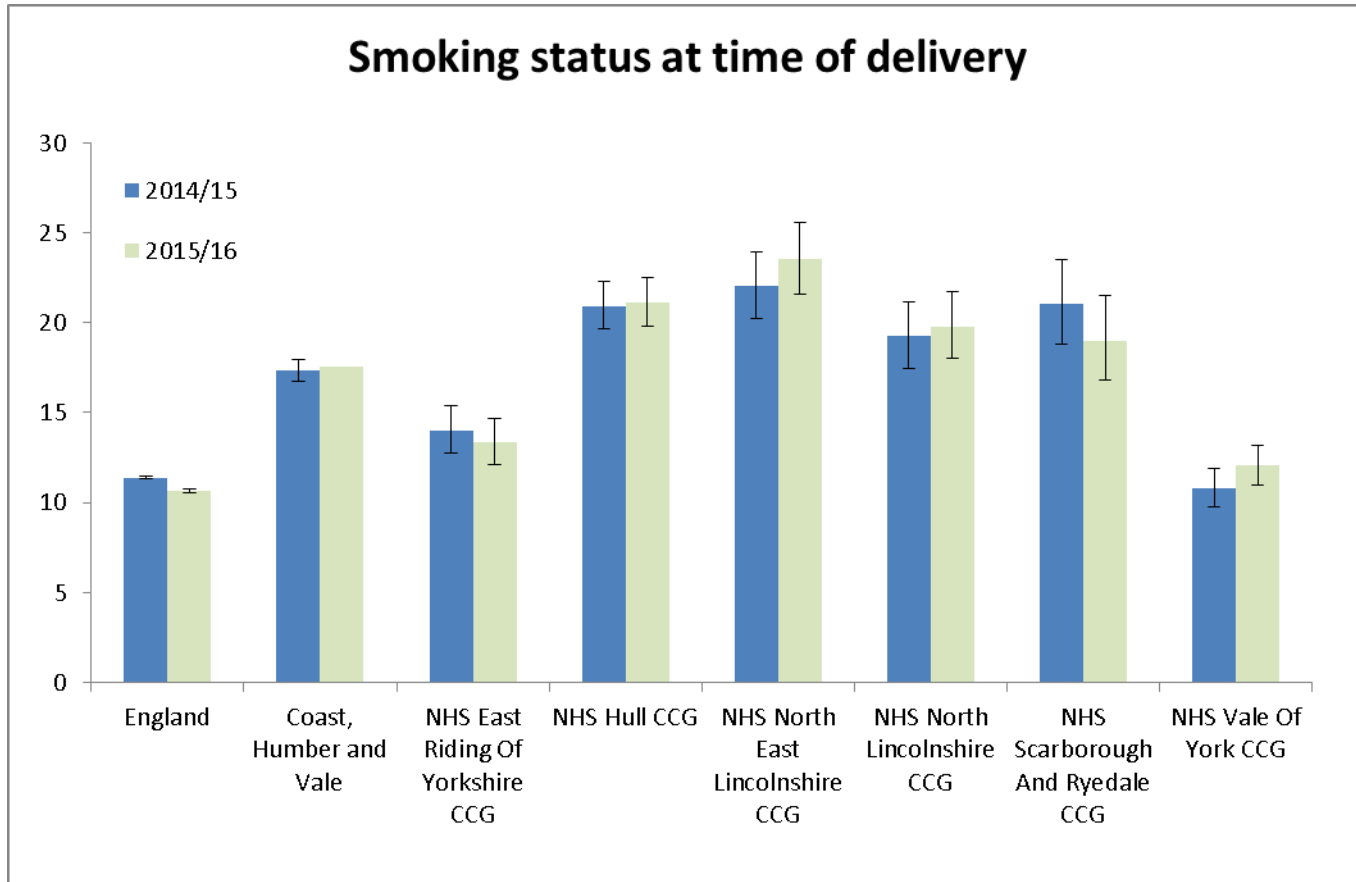


# Deliveries



The trend data shows a steadily rising trend over quarters one and two of 2016-17. There is a possibility that this is the start of a rising trend in pregnancies and deliveries, although this may also be chance variation in fertility rates. This data will help to consider the workforce challenges and skill mix necessary to ensure high-quality services are available.

# Healthier Pregnancy



- Maternal smoking project group
- Communications strategy: branding, increased awareness for service users and staff across CYP and maternity services
- Workforce development training plan
- Increased resource to maternity, smoking cessation and doula services includes CO monitors and consumables
- Trained over 165 staff
- Increase coverage of CO monitoring
- Smoking at time of delivery rates: reduced from 21.8% Q4 2015/16 to 19.6% Q4 2016/17

# Better Births (2016)

Plans to implement the vision in Better Births will need to include delivery of the following by the end 2020/21:



# Better Births

Improving choice and personalisation of maternity services so that:

- ✓ all pregnant women have a personalised care plan
- ✓ all women are able to make choices about their maternity care, during pregnancy, birth and postnatally
- ✓ most women receive continuity of the person caring for them during pregnancy, birth and postnatally
- ✓ more women are able to give birth in midwife-led settings (at home and in midwife led units)

# Better Births

Improving the safety of maternity care so that by 2020/21 all services have:

- ✓ made significant progress towards the ‘halve it’ ambition of halving rates of stillbirth and neonatal death, maternal death and serious brain injuries during birth by 50% by 2025 with an interim target of 20% reduction by March 2019
- ✓ are investigating and learning from incidents, and are sharing this learning through their LMS and with others
- ✓ fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative programme

1. Choice, Personalisation and Continuity of Care
2. Safer Maternity
3. Postnatal & Perinatal Mental Health
4. Multi professional Working and Governance
5. Maternity Voice Partnerships

- A 20% increase in the number of women experiencing continuity of carer by March 2019
- 10% year on year growth in number of women choosing to have a homebirth
- 10% year on year growth in the use of maternity personal health budgets from date of agreed model
- Reduction in number of stillbirths, neonatal death, maternal deaths and brain injuries from 2015 baseline of 6.21 to a 20% reduction of 4.97 by 2021
- Reduction in number of women with moderate to severe mental health problems placed out of area for their specialised care and/or separated from their infant/family unless clinically indicated
- Increase in number of women reporting having a personalised care plan and being involved in their care planning



# Next Steps

- Established work streams - Choice and personalisation, Safer Maternity, Multi – professional and Governance, Perinatal Mental Health and Maternity Voices Partnership
- LMS Scoping Tool has been carried out across the LMS – analysis underway
- LMS Website development underway – aim to be live in June 2018
- Advertising for 1 day a week midwife to support programme