

**PAPER FOR INFORMATION
SELECT COMMITTEE ON PARTNERSHIP**

WINTER PLANNING

1. INTRODUCTION

This paper aims to provide an update on current progress against planned initiatives outlined in the Buckinghamshire Winter and Emergency Plan 2000/01, in addition to describing current pressures on the system over the winter period and issues that have emerged since implementation began. It also outlines the arrangements that have been in place for winter planning across health and social care systems together with a summary of the proposals that are currently being drafted for future planning.

Mid and South Buckinghamshire were visited on 12th December 2000 by the DoH Winter and Emergency Services capacity planning Team (WEST), who explored issues relating to winter planning across the health system in Bucks and Milton Keynes. The report which was delivered in the New Year, identified a number of recommendations for improved working however mainly these focused on hospital operational issues. Pressures highlighted in this current paper were identified by WEST and it was acknowledged that good joint working between the health authority and social services existed.

A response to this report providing an action plan for taking forward the recommendations is due for submission by 31st January 2001 and social services officers are closely involved in the production of this plan.

2. RESOURCES

In total £7675k has been invested in health care in advance of and throughout the winter. A summary breakdown of this can be found below;

Locality	Area	£000s (2000/01 only)
Milton Keynes	Critical Care	678
	Winter	765
	Waiting list	743
Sub total		2186
Mid Bucks	Critical Care	884
	Winter	713
	Waiting list	821
Sub total		2418
South Bucks	Critical Care	1126
	Winter	664
	Waiting list	1221
	Recruitment & retention	60
Sub total		3071
GRAND TOTAL		7675

Interim care funding

Of the £423k of central monies allocated for use across Mid and South Bucks to support winter pressures in 2000/01, £363k was used to fund interim care placements to speed up the discharge of patients into 'temporary' nursing home placements until their long term placement of choice was available or home care arrangements could be made (in addition to this South Bucks PCG found an extra £100k). The aim of this arrangement was to maintain the flow of patients through hospital and help to ensure delayed transfers of care were kept to a minimum.

Issues

- Mid Buckinghamshire were allocated £121k and used the money to purchase spot purchase beds for the duration of each patient's stay in the interim placements. This approach was taken due to the lack of nursing and residential home placements in the middle of the county.
- South Buckinghamshire block purchased beds for the duration of the winter until 31st March 2001. This was due to an availability of beds in addition to work with social services. Delayed transfers of care in South Buckinghamshire were also a more significant problem covering both community and acute delays across the Trust.
- Difficult to identify the impact of the funds on reducing delayed discharges overall. Bucks Social Services asked to produce analysis of all discharges made using mainstream funding. Initial reports from social services indicate that discharges are above their pre-set targets, however awaiting information to demonstrate this equates to an increase in actual discharges on previous years.
- The issue in Mid Buckinghamshire involving limited nursing and residential home capacity is reflected in the number of patients awaiting discharge to any available nursing/residential home.
- Key issues in South Buckinghamshire in implementing the interim care scheme include blockages in encouraging patients to be discharged into interim care placements that are not their long term placement of choice.
- There is also need, particularly in South Bucks, for work to be done to ensure that patients are moved on into long term placements after discharge into interim care placement thus releasing block purchased placement. Currently no patients have been transferred to their long term placement of choice. Work currently being done by the Trust to secure long term placements and thus encourage the throughput of patients.
- Meeting planned for early Feb to discuss options on how to use the projected underspend at 31st March 2001. In particular initial discussions have focused on whether the funds can be carried over and also whether they should to continue supporting patients who may be in interim care placements after 1st April or set aside to invest in similar initiatives over winter 2001/02.
- Ongoing management of funds – discussed with Trusts and social services about transferring money to them to manage on the basis that exit strategies would be more seamless and the funding could be maximised through the ability to claim client contributions during the period of interim funding. Social services reported that client contributions could not be claimed unless a patient is in their long term placement of choice therefore it was agreed that a flexible approach should be adopted and social services would manage the funds for those they could collect contributions from, health would continue to manage the rest.

3. PROGRESS AGAINST PLAN

The following table highlights the progress healthcare organisations have made in implementing key winter initiatives;

Locality	Initiative	Progress	Comments
Mid Buckinghamshire	24 hours assessment beds	Open 24 hours Fri, Sat, Sun & Mon	Wider opening restricted by recruitment difficulties
	Step down beds at Thame hospital	Planned opening in early Feb 2001	Difficulties due to planning permission
	Step down beds at Reyners Hedge	Increased access to 2 additional beds	
	Intermediate care scheme	Fully operational except for Thame area	Thame due to be covered in Feb 2001
	Home finder post	Recruited before Christmas	
	Critical Care facility	6 th ITU bed now open	HDU due for opening in January 2001
	Recruitment initiatives	Currently underway	No measurable impact for 1-2 months
South Buckinghamshire	Recruitment co-ordinator	Appointed on 6 month contract	
	Intensity payments	Available to staff at end of March 2001	
	Critical care facility	Open on 18 th December 2000	Recruitment difficulties
	Discharge co-ordinator	In post	
	Medical Assessment Unit	Open from 5 th January 2001	
	Additional 10 low dependency medical beds	To be open from 4 th January 2001	

4. RECRUITMENT

The key pressure over the winter period for health services has been recruitment and retention.

Difficulty in recruiting nursing staff has been a problem particularly in the South of the county however problems have been experienced elsewhere. Stoke Mandeville have been forced to close one surgical ward for the majority of the period from December onwards and South Bucks have been operating with reduced capacity. In particular Stoke Mandeville and South Buckinghamshire have both experienced difficulties recruiting ITU nurses to staff the expanded critical care facilities.

Reasons for this are multi-factorial including the general exodus of qualified nurses away from the profession, the high pressure experienced particularly over the winter (due to lack of staffing) and the cost of living in Bucks when compared to Outer London with no salary supplements.

£128k has been set aside across Buckinghamshire and Milton Keynes to support recruitment and retention initiatives however these have lead in time and are not likely to take effect until spring. Examples of the Mid and South Buckinghamshire initiatives are highlighted below;

Locality	Initiative	Benefit
Mid Buckinghamshire	Nurse bank co-ordinator	Fast track applications On site interviews at job fairs 300 expressions of interest at open day on 4 th November 2000 Co-ordination of bank staff across medicine & surgery
	Nurse refresher programme	Identified potential staff requiring refresher training. 25 places available
	Low cost playscheme/school pick up programme	Extend creche hours and develop pick up service to offer staff increased working opportunities
	Rainbow pilot for pool nurses	
South Buckinghamshire	Nurse recruitment co-ordinator	Co-ordination of flexi-nurse initiative Increase nurse complement by approx. 12-15 nurses
	Roll out bank/agency database	Identify roster gaps & allocate available bank/agency staff Encourage approx. 10 new trained nurse recruits
	Returnees	Hope to encourage back to work / retain approximately 5 nurses
	Incentives	Recruit 6 additional trained nursing staff

Similar problems have been reported by social services in recruiting and retaining home care staff resulting in some patients remaining in hospital awaiting home care packages to be arranged.

5. PRESSURES

Recruitment & Retention

Pressures are being experienced as outlined above

Delayed transfers of care

Delayed transfers of care seem to have reached a plateau over the winter to date in both Trusts in Mid and South Buckinghamshire. Reports have indicated that pressures on the health system have not reached expected levels and NHS Direct, out of hours co-operatives and 2 Shires Ambulance Trust have all managed demand over the Christmas and New Year periods.

Work is ongoing with social services to identify the levels of total discharges made over the winter and compare to previous years. The aim of such work is to begin to assess to impact that the interim care placements has had on managing discharges.

6. PLANNING ARRANGEMENTS

Winter Planning process

Numerous groups have met across Mid and South Bucks over the past 2-3 months. These include;

- Mid and South Winter Planning Action Team
- Interim care funding monitoring group
- Mid Bucks Winter Planning Group
- South Bucks Winter Overview Forum
- South Bucks Operational discharge group

It is acknowledged that such frequent, numerous groups place considerable pressure on individuals and organisations involved in winter planning.

Proposals are being drafted to ensure that resources and time are used most effectively next year. These include a delegation of operational winter planning responsibilities to local leads who will be responsible for engaging all appropriate agencies, focusing particularly on the relationship and joint planning function of health and social services.

It is proposed that BHA will take a higher level responsibility for performance managing the initiatives, ensuring that equity where necessary is achieved, current best practice is being used and the planning process is implemented.

Assessment Process

The assessment process is also in the stages of being adjusted to reflect the changing commissioning responsibilities across the health system.

The current BHA representative has undertaken to put together a training briefing for already identified PCG/T reps who will take over the responsibilities for health input into the assessment processes. A phased approach is being taken with a view to transfer budgetary responsibility pot 1st April 2001.

7. CONCLUSION

The partnership and joint working across health and social services has been much improved this winter however work is already underway to begin to plan the process of identifying ongoing needs earlier in 2001/02.

Work needs to be ongoing to ensure there is clarity and transparency across health and social care systems. Current discussions have identified where resource and planning decisions in health have an impact in social care provision. These, often complex implications need to continue to be shared.

David Beckett
Strategy Development Manager
Partnerships & Planning

22nd January 2001