

## **Prioritisation of Winter Pressures Money 2013-14**

**Health and Wellbeing Board, CoY December 2013**

### **Purpose of the paper**

This paper is to provide the Health and Wellbeing Board with an update on plans to utilise the 2013/14 winter pressures allocation.

### **Background**

An Urgent Care Board has been established with partners with the primary aim of working across health and social care systems to support urgent care delivery. Representation includes CCG's, Local Authorities, Providers, Ambulance Service and the Voluntary Sector. This group has been meeting to consider how the system works together and latterly has been discussing the use of recently allocated funds to support winter pressures in our locality.

A variety of proposals have been submitted by partners with the primary aim of using the whole health and social care system to manage increased demand over winter. This recognises the interdependencies across the whole system and the role that all partners have in addressing winter pressures in health and social care.

The key objective is to manage and maintain patients with high care needs in their own home where clinically appropriate. The working group also recognised the role of all partners in trying to reduce attendance at the Emergency Department and schemes which will help to do this have been prioritised.

This will be achieved by;

1. Supporting people in the community wherever possible and therefore preventing attendance at hospital
2. Managing patients quicker within the Emergency Department using available skills and expertise in health and social care appropriately and effectively
3. Providing enhanced resource into the Emergency Department at York Hospital
4. Reduction of admissions into emergency health and social care beds
5. Supported earlier discharge of patients out of hospital

### **Prioritisation Criteria**

- Good patient experience – evidence base from similar initiatives?
- Clinical effectiveness – does this proposal meet with clinical standards?
- Equity of access – does this address health inequalities?
- Acceptable and safe for patients?
- Are timescales from mobilisation through to project delivery clear and practicable?
- Sustainability – including understanding social/economic/environmental impacts?
- Does it support local/national priorities
- Complexity and partnerships – is this initiative working across the stakeholders?
- How long will it take the service to start?
- Benefit type – consider as a trial/potential to expand recurrently?

### **The Allocation**

NHS England set out clear parameters for the use of winter pressures money, with a clear mandate to focus on schemes which supported out of hospital care. The guidance also recognised the need to enhance the provision of equipment, and to support local hospitals in achieving their four hour emergency department targets. £1.4M was allocated to Vale of York CCG to support this work. The funding has been allocated against the following areas:

1. Pre-hospital Care – Enhanced 24/7 rapid access and response (69%)
2. ED Flow (7.5%)
3. Additional equipment and associated costs (23.5%)

The table below details the funding which was agreed by the Urgent Care Working Group on 24 October 2013.

<b>Pre-hospital attendance and admission avoidance</b>	<p>Community Single Point of Access to streamline referrals into services</p> <p>Phlebotomy Services – provision of a community service to free up community nursing capacity to support more complex patients.</p> <p>Hospice/End of life care – extension of resource to support end of life care</p> <p>End of life Practitioners – as above</p>
<b>Emergency Department Flow</b>	<p>Consultant/doctor hours – additional resource to support an increase in medical staffing in the emergency department</p> <p>Extended Nurse Practitioners– additional resource within the emergency department</p> <p>Rapid Access and Treatment Team early evening</p> <p>Social work posts – to prevent unnecessary admissions to hospital and support rapid discharge from the emergency department</p>
<b>Supported Discharge</b>	<p>Equipment – additional equipment to facilitate discharge and support individuals safely at home.</p> <p>ArcLight Link Worker – to support work with homeless individuals attending the emergency department</p> <p>Block purchase Step Down Beds</p> <p>Spot purchase Step Down Beds – additional bed capacity</p> <p>Emergency Care Practitioners/Paramedic Practitioners – to see and treat individuals at the scene or at home and prevent unnecessary conveyance to the emergency department where appropriate to do so.</p>

The Urgent Care Working Group will continue to bring partners together to review progress in implementation and effectiveness of the schemes in supporting the health and social care system through the winter period.

#### **Next steps**

Proposals have been agreed and schemes are now in the process of being implemented. The next meeting of the Urgent Care Working Group on 28<sup>th</sup> November will review progress to date. Future meetings will assess the impact of the schemes over the coming months.

The Health and Well Being Board is asked to note the progress made across all agencies.