

**NORTH YORKSHIRE HEALTH AND WELLBEING BOARD**

**Winter Pressures – A Collective Response**

**13<sup>th</sup> February 2015**

**1. Purpose**

- 1.1 This paper outlines some of the recent issues affecting the North Yorkshire health and care system in preparation for a presentation to be made to the Board about the system response to safely manage increased demand and capacity through winter.
- 1.2 The presentation will be jointly delivered by North Yorkshire County Council Health and Adult Services, Clinical Commissioning Groups and NHS Trusts operating across North Yorkshire.

**2. Background**

- 2.1 In common with many other areas in the country, there have been increasing issues with volumes of people using A&E and Ambulance services within the County. Compounding pressures experienced locally and nationally by the NHS, social care is also experiencing increased demand for services that help people return from hospital quickly and safely. This was exacerbated locally with two domiciliary care providers, operating in North Yorkshire, withdrawing services at short notice.
- 2.2 Across all services, there have been high levels of sickness among staff affecting delivery of services, although it is of note that staff across all agencies have 'gone the extra mile' to make sure that people continue to receive a good service.
- 2.3 Acute and residential care bed capacity has been further constrained by instances of Norovirus and D&V. Recent NHS observation is of increased attendance with multiple and complex needs from the 0-4, 17-29 and 70+ age groups, with pneumonia and respiratory tract infections featuring.
- 2.4 A brief chronology of key events is set out below.

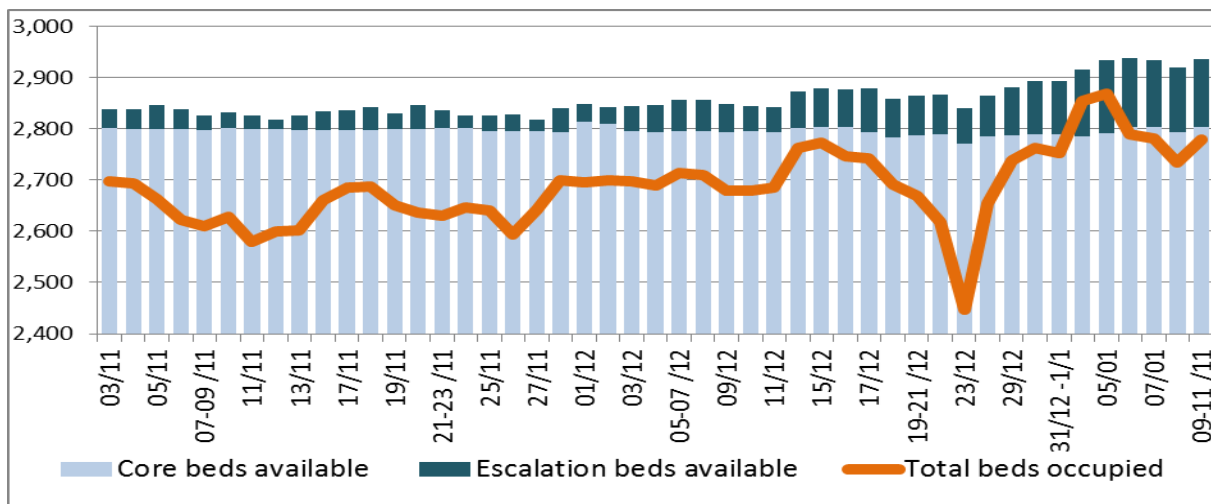
24 <sup>th</sup> November	Care provider operating in Selby reduced domiciliary care capacity.
12 <sup>th</sup> – 14 <sup>th</sup> December	Acute bed occupancy begins to rise
16 <sup>th</sup> December	A second care provider which provided 32 packages of care in NY (including 18 private funders) went into administration
18 <sup>th</sup> December	The emergency Silver Command, coordinated by NHS England and Bronze Command processes put into place
5 <sup>th</sup> January	Major incident declared at Scarborough

	General Hospital
7 <sup>th</sup> January	Scarborough Hospital major incident status removed
8th January	Urgent & Emergency Care Summit held to review key learning
16 <sup>th</sup> January	Bronze / Silver Command processes stood down

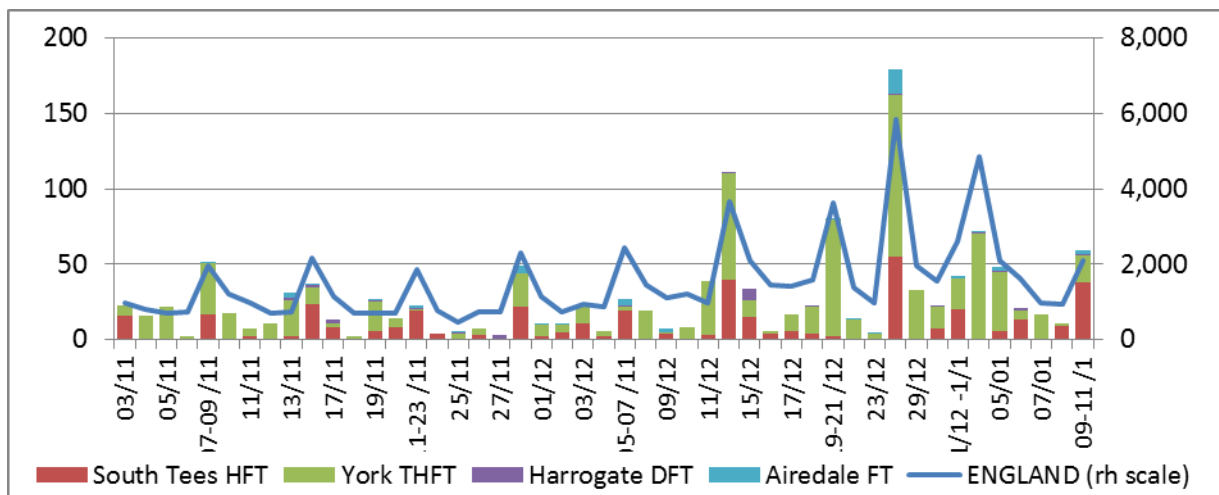
### 3. Context Data

3.1 The following graphs provide key timelines and data from November 2014 to January 2015.

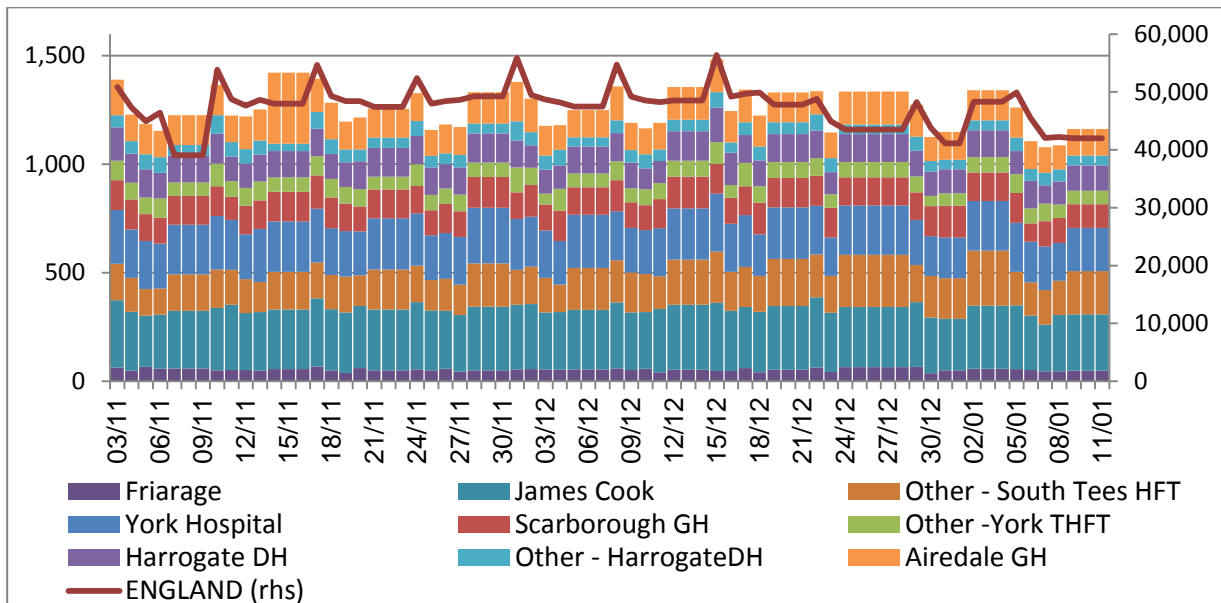
3.2 Core and Escalation Beds Occupancy, South Tees, York, H'gate and Airedale Trusts



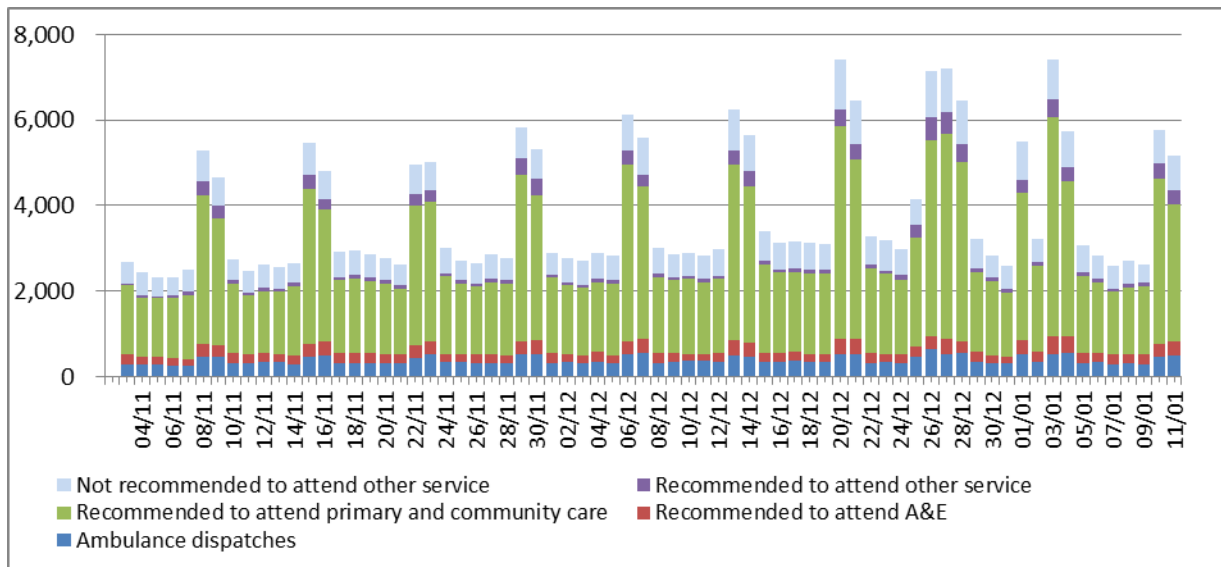
3.3 Ambulance Handover - delayed over 30 minutes



### 3.4 Accident and Emergency Attendances



### 3.5 NHS 111 Service – Dispositions Yorkshire and Humber Total



## 4. Better Care Fund

- 4.1 On the 2<sup>nd</sup> January 2015 a letter was received from NHS England formally approving the North Yorkshire Better Care Fund Plan, (attached as annexe 1). The North Yorkshire plan is described as being ‘ambitious and in a strong position for delivering change’.
- 4.2 While our ambition remains consistent both the letter and guidance to CCGs (dated 23/12/14) set out an expectation that baseline figures are reviewed in light of current

performance. The North Yorkshire Delivery Board has agreed it would be prudent to review the impact of the recent surge in non-elective activity and other system pressures, on all metrics contained within the BCF plan and will report any key issues back to the members of the Health and Wellbeing Board.

## **5. Recommendations**

- 5.1 Members of the Board are asked to note the content of this paper and that there is further work underway to review the impact of winter on the non-elective admissions and other Better Care Fund metrics and associated targets.
- 5.2 Members are asked to delegate authority to the Chairman of the Health & Well Being Board County Councillor Clare Wood in consultation with Richard Webb, NYCC Corporate Director – Health & Adult Services and the Chief Officers of the five Clinical Commissioning Groups covering North Yorkshire to approve and submit such revised targets if deemed necessary.
- 5.3 Members are asked to note the presentation and the collective effort made by partner organisations and their staff to ensure people received safe and high quality care through a very busy winter period.

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## Annex 1



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To:  
North Yorkshire Health and Wellbeing Board  
NHS Airedale, Wharfedale and Craven CCG  
NHS Hambleton, Richmondshire and Whitby  
CCG  
NHS Harrogate and Rural District CCG  
NHS Scarborough and Ryedale CCG

2<sup>nd</sup> January 2015

Copy to:  
Local Authority – Richard Flinton

Dear colleague,

Thank you for submitting further evidence to move your Better Care Fund plan to a fully approved status. We know that the BCF is an ambitious programme and preparing the plans at pace has proved an immensely challenging task. However, your plan is now part of an ongoing process to transform local services and improve the lives of people in your community.

It is clear that your team and partners have worked very hard over the last year, making valuable changes to your plan in order to improve people's care.

NHS England is now able to formally approve plans following the publication of the 2015/16 Mandate. I am delighted to let you know that, following the subsequent Nationally Consistent Assurance Review (NCAR) process, your plan has been classified as '**Approved**'. Essentially, your plan is clear and ambitious and we support your ambitions. This puts you in a strong position for delivering the change outlined above.

Your BCF funding will be made available to you subject to the following standard conditions which apply to all BCF plans:

- The Fund being used in accordance with your final approved plan and through a section 75 pooled fund agreement;
- The full value of the element of the Fund linked to non-elective admissions reduction target will be paid over to CCGs at the start of the financial year. However, CCGs may only release the full value of this funding into the pool if the admissions reduction target is met as detailed in the BCF Technical Guidance<sup>i</sup>. If the target is not met, the CCG(s) may only release into the pool a part of that

funding proportionate to the partial achievement of the target. Any part of this funding that is not released into the pool due to the target not being met must be dealt with in accordance with NHS England requirements. Full details are set out in the BCF Technical Guidance

The conditions are being imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These allow NHS England to make payment of the BCF allocation subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG that it be spent in a particular way.

We are confident that there are no areas of high risk in your plan and as such you should progress with your plans for implementation.

Any ongoing support and oversight with your BCF plan will be led by your NHS England Regional/Area Team along with your Local Government Regional peer rather than the BCF Taskforce from this point onwards.

#### Non-elective (general and acute) admissions reductions ambition

We recognise that some areas may want to revisit their ambitions for the level of reduction of non-elective admissions, in light of their experience of actual performance over the winter, and as they become more confident of the 2014/15 outturn, and firm-up their plans to inform the 2015/16 contracting round. Any such review should include appropriate involvement from local authorities and be approved by HWBs. NHS England will assess the extent to which any proposed change has been locally agreed in line with BCF requirements, as well as the risk to delivery of the ambition, as part of its assurance of CCGs' operational plans.

Once again, thank you for your work and we look forward to the next stage.

Yours sincerely,

**Dame Barbara Hakin**  
**National Director: Commissioning Operations**  
**NHS England**

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<sup>i</sup> <http://www.england.nhs.uk/wp-content/uploads/2014/08/bcf-technical-guidance-v2.pdf>