Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services

Report to:	**Adults Scrutiny Committee**
Date:	**6 April 2016**
Subject:	**Adult Care Seasonal Resilience**

Summary:

This report captures this winter to date from an acute hospital Adult Care perspective. The hospital teams continue to be robust in their work with health colleagues ensuring the person and their Carer is always at the centre of their plans for discharge. This winter's challenges are outlined together with the current progress which does show an improving picture for support being in place to enable people in need of Adult Care support to return home.

Actions Required:

1. The Adults Scrutiny Committee is requested to consider and comment on the report.

1. Background

Seasonal resilience for Adult Care is defined by the community and hospital based teams being equipped and resourced to meet the demands of winter. Adult Care staff must have the skills and capacity to manage the complexity and volume of referrals together with sufficient capacity in community resources needed to support the people of Lincolnshire. This report focuses on the resilience of the hospital teams supporting United Lincolnshire Hospitals NHS Trust (ULHT) and Peterborough and Stamford Hospitals NHS Foundation Trust.

Adult Care has worked with health colleagues to ensure we have a robust winter plan in place for the whole system (Appendix A - Lincolnshire System Resilience Group System Wide Plan 2015/16) previously presented to the Scrutiny Committee; and an updated surge and escalation plan. Adult Care's specific part of this plan is contained in our winter plan attached at Appendix B.

Nationally NHS England, the NHS Trust Development Authority, Monitor, Public Health England and the Department of Health have joined their winter campaigns into a single approach. The integrated campaign has focused on 'stay well this winter' aiming to make people aware of who are at risk of preventable winter admission aware of, and motivated to take, those actions that could prevent that

admission. If successful the campaign will reduce pressures on NHS services, particularly urgent and emergency care, in the winter months, prevent illness and improve patient experience.

In mid-October 2015 the Emergency Care Improvement Programme (ECIP) was launched. ULHT is one of the 28 most challenged systems across England being supported through this winter by the ECIP Team. ECIP is a clinically led programme designed to offer intensive practical help and support to urgent and emergency care systems to deliver improvements in quality, safety and patient flow. The programme aimed to have a particular focus on improving whole system performance across health and social care in the winter months when emergency care systems are working under additional pressure. ECIP support will remain in place until the 31 March 2016.

As part of the ECIP approach to facilitating improvement in Lincolnshire the team have visited specific ULHT sites where they have focused on issues within the acute, strategy and finance, staffing, medical leadership, IT systems supporting flow, management, discharge issues and social care and associated community services.

ECIP have stated “There is good presence in each of the units, hospital discharge staff seem to be well supported by social care colleagues.” ECIP has noted social care staff are well embedded as part of the multi-disciplinary teams.

Adult Care Hospital Teams

Lincoln County Hospital (LCH) has 14 staff, Pilgrim Hospital has 13 staff, Grantham has 7 staff and Peterborough has 9 staff in the dedicated hospital teams supporting Lincolnshire residents to safely return home following their hospital stay. The teams have increased their experienced Social Worker numbers (15 of the total of 43 staff) this year to manage the complex nature of work increasingly coming though the hospitals. All other hospitals including Queen Elizabeth, Kings Lynn, Scunthorpe and Grimsby discharges are supported by the local area teams.

During the 9 month period from April 2015 to December 2015; on average 53 referrals a week were received across ULHT and Peterborough hospital teams. Pilgrim had the highest number of referrals of 84 a week. The total of other out of county acute hospitals generate in total on average under 14 referrals a week. These volumes were and are managed successfully by all the hospital teams with assessments.

Acute Hospital Contacts 1st April 15 to December 2015										
Hospital	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**TOTAL**
Pilgrim	340	338	332	327	288	337	315	379	370	3026
LCH	313	263	301	315	239	315	308	310	297	2661
Peterborough	151	123	99	113	90	99	112	100	121	1008
Grantham	103	97	92	94	72	117	100	90	109	874
All other Acute	50	38	57	69	57	60	59	45	71	506
TOTAL	957	859	881	918	794	928	894	924	968	8075

Adult Care focus within the acute hospitals continues to be early identification of people once they are in the hospital, including A & E and medical assessment units. Early identification means we can offer advice and support to people and their Carers as required, this may not necessitate a referral; or we may commence a statutory assessment to determine eligible needs.

During this winter Adult Care Teams have increased seven day working including public holidays to ensure we assist people to get home safely as soon as they are medically fit and all professionals agree they are safe to go home.

Although the complaint figures for this winter are not yet available, it is clear that we have had an increased number of complaints from people Adult Care have supported to leave the acute hospital but have not returned to their home immediately. Although as always this must be balanced by the compliments our staff have also received commending individuals in their support of family members.

Delayed Transfers of Care (DTOC)

We have seen a deteriorating position on DTOC over the last 12 months. The re-procurement of homecare and reablement has seen the DTOC change from:

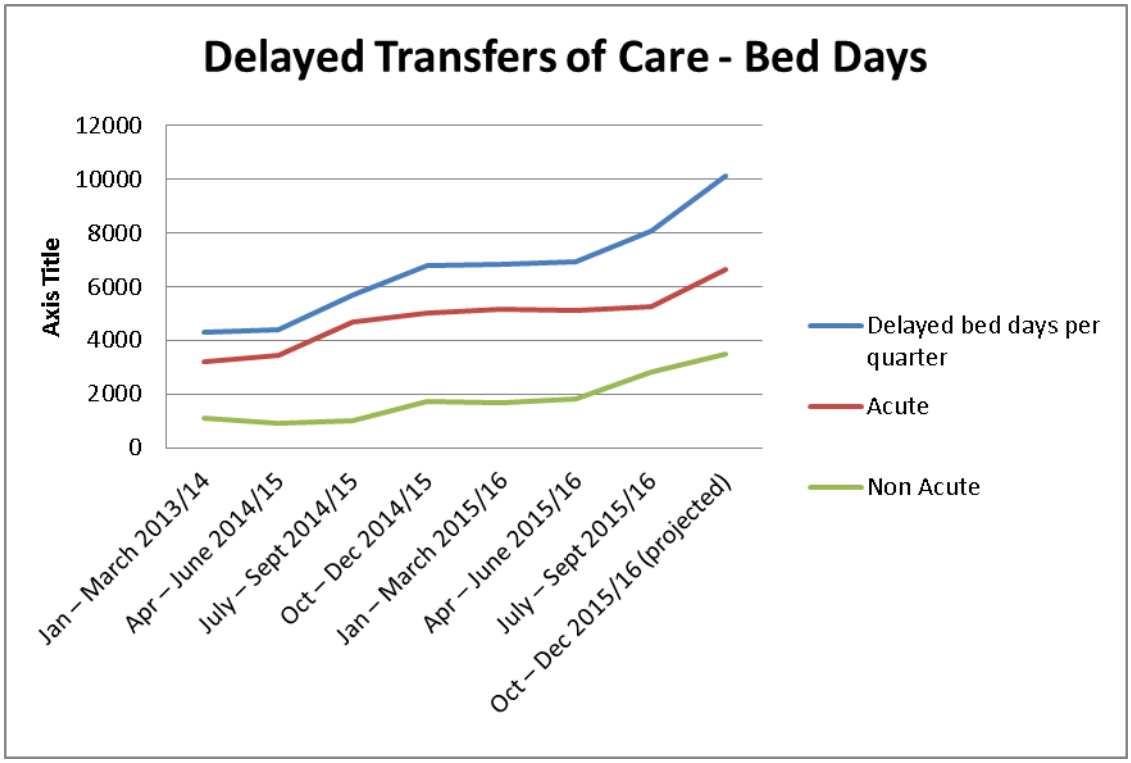
2014/15 – DTOC split – NHS 86%, Social Care 10%, Both 4%

2015/16 – DTOC split to date – NHS 79%, Social Care 17%, both 4%

November 2015: NHS 74%, Social Care 24%, both 4%

The fact remains that most of the DTOC delays remain with health around ‘simple’ discharges which are delayed by health.

The table below shows clearly the upward trend.



During most of this winter Adult Care has met the eligible needs of a person if the home care or reablement was not available immediately a residential placement could be made.

The position is now greatly improved across the county with only a limited requirement for people to go to a residential home before their support at home is in place, within a few days for most people. The weekly 'face to face' capacity of reablement has increased from November 2015 by 30%. Home Care has seen a significant improvement with around 90% of the county having sufficient capacity to meet the needs of people. The length of time taken to arrange home care has also seen a significant improvement from a December figure of 19.66 days to 6.33 days. We anticipate that within the next three months we will have reached a business as usual point for home care and reablement services.

The Council and the four Clinical Commissioning Groups (CCGs) are in the process of agreeing the metrics for the 2016/17 Better Care Fund (BCF) submission. The metrics will include DTOC targets for all health and care in Lincolnshire.

Joint Working with Health

Over the last two years health and care colleagues have worked towards a vision of simpler pathways acknowledging the complexities of systems and discharge pathways for people accessing health and care.

The Care Act has defined a person who is ready for discharge has:

- A clinical decision has been made that a patient is ready to transfer and;

- A multi-disciplinary team decision is made that the patient is ready for transfer

To enable these steps to happen we now have in place at all our acute sites including Peterborough a ‘Hub’ which brings together all involved health and care professionals to make a decision not only that the person with complex needs is ready to leave hospital but which health and care pathway they will follow. We have begun to work together to achieve a principle of 'discharge to assess' in the community.

Increasing numbers of patients are being discharged onto a health pathway with a ‘light touch’ assessment. Adult Care ensures no delays occur due to a delay in assessment taking place which identifies the person’s eligible needs. The reablement service now has a member of staff based in LCH and Pilgrim hospital working with the multi-disciplinary team (MDT) to quickly ascertain if the person has re-ablement potential and is willing to engage with a reablement programme.

There are now four clear pathways (Appendix B).

Pathway 1; Assessment and Recovery; health pathway
Pathway 2; Rehabilitation / Reablement; health & care pathway
Pathway 3; Adult Care
Pathway 4; Palliative care end of life; health pathway

The previous health pathway of ’30 day beds’ ended in December and people now either go on pathway 1 or 2 with a health case manager overseeing their journey home with support from health and care professionals to get the person home safe as soon as possible. As these pathways are further embedded and resourced by health, the ‘home first’ option should be a reality for more people rather than a bed in a care home. Pathway 1 does have a number of step-up / step-down beds aimed at preventing hospital admission and supporting the discharge for some patients. The numbers and funding of these beds by health is not yet agreed for 2016/17.

Pathway 2 is where all adult care reablement services get people home to re-able them to as much independence as possible. Pathway 3 is solely about people with eligible needs who we support home with a personal budget which is usually used to buy home care, day services and respite for Carers. Pathway 4 is solely a health pathway; we continue to work with health colleagues to identify people on the end of life pathway to ensure they do receive the right support at the right time in the right place of their choosing.

During last winter a new initiative was trialled to further improve discharges and reduce waits for people whose next move was to a care home. There is a built in delay for care home discharges as we have to wait for care home staff to come into the hospital to assess/reassess the person’s needs to ensure their home can meet them. The idea was to have a 'Trusted Assessor' from the care home sector who could represent the homes in the acute hospital. Adult Care used part of last winter's ‘Helping People Home’ grant to finance a project for 12 months to test this theory. The Lincolnshire Care Association recruited a suitable person and

managed the service; whilst also encouraging care homes to trust the person in feeding back information from the hospital rather than always having to send people into the home to undertake an assessment. ECIP have praised the innovation and effectiveness of this project. The initial evaluation is estimating over a 12 month period at LCH 724 bed day delays would be saved, making a saving for the acute of £220,000. The scheme is currently being considered by the System Resilience Group for further funding to continue and extend to other ULHT sites.

2. Conclusion

This winter has proved exceptional due to the transition of LCC new home care providers and the new reablement provider. We have experienced continued high numbers of attendances at our acute hospitals while ULHT are reducing their bed stock to manage within their expected funding and staffing levels. This winter has seen Norovirus at one point close the equivalent of four wards at LCH in December 2015. This added pressure to an already pressurised system.

On a positive note Adult Care has seen rising levels of delayed transfers, this is mirrored across the country. More recent analysis indicates an improving picture and a downward trajectory as a result of increasing levels of home care and reablement in the community.

Adult Care continues to play a leading part in system redesign which has seen the new hubs established, a successful care home trusted assessor project and increasing numbers of people following a 'discharge to assess' pathway reducing their length of stay in acute hospitals.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire SRG System Wide Winter plan 2015/16
Appendix B	LCC Winter Plan 2015/16
Appendix C	Transitional Care Pathway

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lynne Bucknell, who can be contacted on 01522 554055 or lynne.bucknell@lincolnshire .gov.uk.

Lincolnshire SRG
System Wide
Winter Plan 2015/16

Reference No:	
Version:	0.2
Ratified by:	Lincolnshire SRG
Date ratified:	10th November 2015
Name of originator/author:	Sarah Furley – Urgent Care Programme Manager and Sarah Stringer – Urgent Care Programme Manager Contact for information about this plan: Sarah.Stringer@LincolnshireEastCCG.nhs.uk
Name of responsible committee/ individual:	Gary James, Lincolnshire SRG Chair
Date Approved by committee:	10th November 2015
Date issued:	
Review date:	May 2016
Target audience:	All organisations represented in the SRG
Distributed via:	Email and website

Lincolnshire SRG System Wide Winter Plan 2015/16

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
0.1		New Document	17.10.15	Sarah Stringer
0.2		Amendments made after consultation meeting with partners	28.10.15	Sarah Stringer

Contents

1. Strategic Approach Statement

Background	It is an expectation of NHS England, Monitor and the TDA that a robust system wide plan is in place for each winter. The SRG must have assurance that all commissioners and provider's plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years. This Plan provides an overview of the key strands of our operations and provides the framework for partner organisations to work together.
Statement	It is the expectation that the Lincolnshire SRG will take all reasonable steps to ensure that all organisations can maintain or return to business as usual after a disruption to business continuity, after a critical incident or after major incident/emergency. The Winter Plan is operationalised through our Surge & Escalation Plan which is currently going through a major refresh which describes in more detail the tiers of incidence and response.
Responsibilities	Compliance with the plan will be the responsibility of all members of the Lincolnshire SRG with each of their organisations.
Training	Directors/Managers across organisations will be responsible for ensuring that all appropriate staff have appropriate training in line with this plan.
Dissemination	All organisation's websites Via E-mail
Resource implication	Resources across organisations have been committed via SRG to ensure winter resilience.

Plan Interdependencies

This Winter Plan 2015/16 should be read in conjunction with the following cross organisation documents:

- Major Incident Response Plan (IRPs)
- Multi Agency Pandemic Flu Plan
- Multi Agency Escalation and Surge Plan
- Multi-Agency Adverse Weather Plan
- Local Transport Plan
- Individual Organisation Business Continuity Plans, Outbreak Plans, Infection Prevention Policies as appropriate.

We are clear locally about the expectations of NHS England, the TDA and Monitor on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical care services
- Delivery of out of hours arrangements
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

The Plan is underpinned by the principles of integrated emergency management (IEM):

- **Anticipate** – be aware of new hazards and threats facing the health economy.
- **Assess** – the hazards and threats for likelihood of occurrence and the impact.
- **Prevent** by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.
- **Prepare** by having appropriate planning arrangements and management structures.
- **Respond** by managing the immediate consequences of an incident or emergency.
- **Recover** by having plans to return to normal activity following an interruption.

At a high level, our response to winter is to ensure we:

- Minimise the risk to patients/service users during a period when the service is under increased pressure
- Maximise the capacity of staff by working systematically and effectively in partnership
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes
- Our health and social care economy has a number of critical services which must be maintained, if necessary, by the reduction or suspension of other activities. The plan aims to ensure these services are maintained throughout winter.

Distribution List

NHS England

- Leicestershire and Lincolnshire Area Team

TDA

Public Health England

- PHE (Lincolnshire)

Clinical Commissioning Groups

- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire, Clinical Commissioning Group
- South Lincolnshire, Clinical Commissioning Group

Lincolnshire Community Health Services NHS Trust:

- LCHS Chief Executive
- Chief Nurse/Director of Operations
- LCHS Trust Board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

Lincolnshire Partnership Foundation Trust

- LPFT Chief Executive
- Director of Operations
- LPFT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

United Lincolnshire Hospitals Trust

- ULHT Chief Executive
- Chief Nurse/Director of Operations
- ULHT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- Site Managers (full cascade across staff).

East Midlands Ambulance Service (EMAS)

Lincolnshire County Council

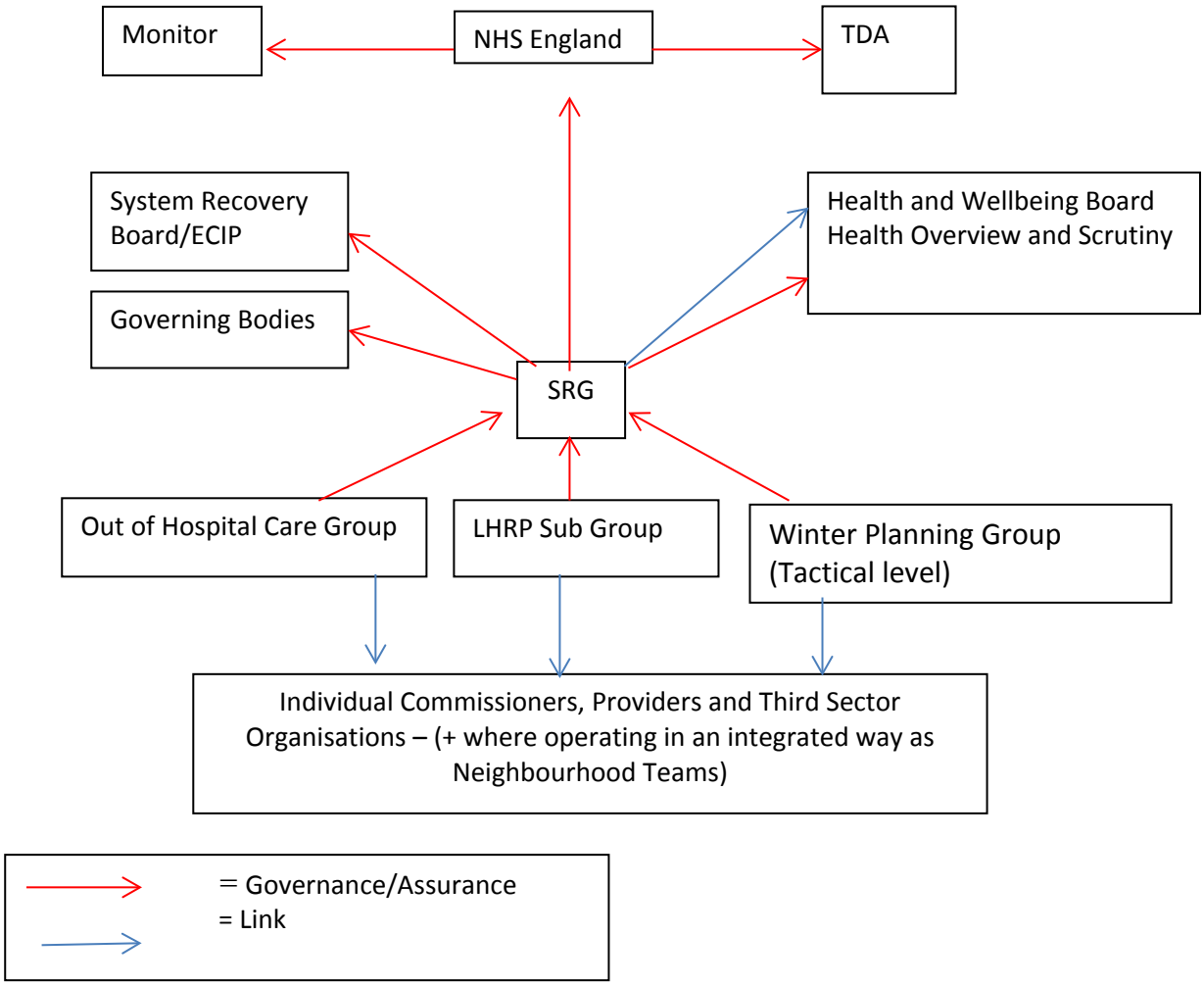
- Adult Care Services
- Children's Services
- Public Health
- Emergency Planning Unit/LRF/LHRP

Care UK 111 Service

Voluntary Sector

- Lincolnshire Care Association (LinCA)

Governance and Assurance Links



Future Proofing the Winter Plan

The work completed to the deliver the Plan through the 15/16 winter period will continue to be shaped by emerging local thinking and national information, for example 'Transforming Urgent & Emergency Care Services in England', Urgent and Emergency Care Commissioning Standards and the forthcoming ECIP Report for the SRG.

2. Anticipate

2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold weather Alert Service. The Service starts on 1 November 2015 and runs until the end of March 2016. Each member of SRG has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas.

The Cold Weather plan and its associated supporting documents ("*Making the Case: Why long-term strategic planning for cold weather is essential for health and wellbeing*" and action cards are available on the PHE website at www.gov.uk/phe/cold-weather-plan, accompanied by a cover letter from the Department of Health, PHE, NHS England and the Local Government Association.

2.2 Lincolnshire Surge and Escalation Plan

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The associated Information Sharing Agreements (for business as usual and a separate ISA for at times of Major Incident) facilitate this process. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2015/16, and includes the following elements:

(a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.

(b) A new SRG Dashboard - supported by Arden and GEM CSU which provides SRG with system wide performance indicators, including cancer, planned care and mental health. KPI's are shown against plan trajectories and national standards.

(c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan. The urgent care leads group will provide identification, mitigation and escalation to the SRG of risks associated with delivery. The team will include all 8 partners and the communications team. In addition, a (face to face) working group met in the spring 15/16 to review performance and processes from winter 14/15 and include lessons learned in the refreshed 15/16 Surge and Escalation Plan. This working group had the same key partners.

(d) Developing plans with LMC and NHS England to obtain data from primary care on surges in demand which would be used for predicting potential system surge and also monitoring the impact of primary care/pharmacy initiatives to support winter.

(e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.

(f) A view on predicting and mitigating the impact of our winter actions on planned care. The SRG will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity. SRG will continue to assess the impact on 18 week performance and work with CCGs to ensure that arrangements have been agreed to allow additional capacity to be introduced where necessary.

(g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

The daily Situation Report (SITREP) will be a key reporting tool through winter, and will enable the system to understand demand and capacity issues arising in partner organisations. This process is overseen by the Urgent Care Team and forms a key part of our escalation process through winter – as set out in the Surge and Escalation Plan.

Each provider uses the Surge and Escalation Plan to ensure it is delivering all appropriate responses in line with the escalation status. This also provides a vehicle for identifying processes and responses that need further strengthening. The urgent care leads (via the weekly Thursday afternoon teleconference) supported by the Urgent Care Team will be responsible for initiating any operational changes needed and reporting them to SRG.

Capacity and demand intelligence is becoming increasingly available from all local providers, and is being reviewed across the health economy as part of our SRG Dashboard.

Surge and escalation plan DRAFT Oct 2015

2.3 Seasonally related illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each SRG provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The SRG has oversight of the Infection Control plan and must receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS **'Stay Well This Winter'** campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

3. Assess

The work of the Out of Hospital Group (launched in October 2015, replacing the Transitional care Sub-gorup) and urgent care leads (via the weekly Thursday afternoon teleconference) will contribute to the ongoing assessment of key risks to the delivery of the Winter Plan.

This risk assessment process is correlated to the work completed under the LHRP Risk Assessment Working Group (Community Risk Register hazards and threats). This resulting risk assessment outlines the hazards and threats for likelihood of occurrence and the impact.

Summary of identified risks to the delivery of the Lincolnshire System Wide Winter Plan

The risk assessment and mitigation plan attached as Appendix A sets out a current view of the risks and mitigating actions associated with delivery of this Winter Plan. The heat map below shows the current scoring for the risks identified.

Add seasonal illness in staff, lack of recruitment, agency. Lessons from last year.
Divide capacity and demand – 7 day working, flow

Impact					
Catastrophic (5)			Workforce – seasonal illness Workforce – recruitment, retention and agency / locum availability		
Major (4)			Adverse weather, Seasonal illness	Bank Holiday cover, Managing demand and capacity –seven day working, Managing demand and capacity - flow Delayed discharges, Constitutional Standards	
Moderate (3)					
Minor (2)					
Limited (1)					
	Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)
Likelihood					

SRG will monitor the actions monthly at their meetings to ensure all actions are being delivered, and challenge the system where they are not. The risks scores will remain and will only be revised when SRG has been assured that mitigating actions have taken place. SRG partners will ensure that any relevant risks are logged on their own organisation risk systems.

4. Prevent - by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.

4.1 Public Information

The provision of information to the public regarding services and accessibility is essential to ensure that we are able to more effectively manage demand through winter. CCGs across Lincolnshire have agreed to use the Winter Communications campaign in order to support demand reductions through winter. This work is being supported by the CSU. The

communications messages will be tailored to the different audiences and the public communication campaign will be based on last year's Choose Well Campaign.

The Winter Communications campaign aims to:

- provide a consistent identity to promote the range of NHS services available to local communities;
- explain to the public how their local NHS services fit together;
- make it clear to the public that A&E and 999 services are for life-threatening and serious incidents only; and
- promote self-care and the use of high street pharmacies for common complaints.

To build on these aims, the Lincolnshire campaign will also:

- meet the needs, engage communities of interest to promote winter and Choose Well messages;
- work with voluntary and community sector organisations to promote awareness, patient education and acceptance;
- join up working across Lincolnshire to share best practice and enjoy economies of scale;
- focus on pressure points in the system, such as bank holidays and outbreaks of illnesses (e.g. flu) which put additional pressure on services;
- have the potential to be rolled out at any time of the year to support appropriate usage of urgent care services.

In addition it is crucial to understand that any communications campaign misses a crucial component if staff are not targeted to support and advise patients, and their friends/relatives. This will be included in the above campaign, and the SRG will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care economy.

During November 2015, the schedule of opening hours for services for the Christmas and New Year holidays across the health and care community will be agreed and published. The SRG will ensure that this information is shared across its partners, and will be seeking assurance that each organisation is sharing the information with its staff.

Below is a draft Communication Plan that is currently in development.

Communications Plan-winter2015DRAF

4.2 Flu Prevention

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The SRG will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes). NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted

In addition, SRG will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

The national flu vaccination programme for children, which this year seeks to help over three million 2-6 year olds, as the programme is extended to children in school years 1 and 2.

For the first time, the youngest primary school children will be eligible to receive the free nasal spray vaccine, making this the largest school-based vaccination programme in England involving children in 17,000 schools.

As in previous years, the adult flu vaccine will also be offered for free to those in groups at particular risk of infection and complications from flu. The groups being offered the adult flu vaccine are:

- Pregnant women
- Those aged 65 or over
- Those aged under 65 with long-term conditions
- Carers

www.nhs.uk/staywell

Multi Agency
Pandemic Influenza Cc

4.3 Business Continuity Plans

Business continuity plans are seen locally as a key vehicle for ensuring that quality and access to services is maintained through periods of system pressure and as the result of specific local circumstances and incidents.

Locally, commissioners, through their contractual relationships with providers, ensure that business continuity plans are in place and up-to-date. All contracts held by Lincolnshire CCGs are based on the NHS Standard Contract. CCGs work closely with commissioners in Lincolnshire County Council on the commissioning of care home provision, reablement, home care and Wellbeing services. Again, the contractual standards for business continuity plans are a key element of the contract documentation. There are references throughout this Plan to the elements of business continuity plans which have a strong link to winter.

4.4 Maximising the role of Neighbourhood Teams with the Voluntary and Community Sector

Voluntary and community sector organisations play an essential role in maintaining contact with individuals and families through winter and promoting proactive self-care and informed choices. The delivery of contracts via Adult Care and Public Health commissioned services (such as the Wellbeing Service, the TED in East Lindsey initiative to combat loneliness and isolation) play a vital element in maintaining winter community resilience.

SRG partners will work through the developing Neighbourhood Teams to ensure that a range of Voluntary and Community Sector organisations are facilitated to participate, and ensure good communication channels exists to support potentially vulnerable individuals or families.

Neighbourhood Teams, will work in a multi-disciplinary way to provide more joined up care. People will be treated and cared for closer to home where possible and will only be admitted to hospital when necessary. Neighbourhood teams are being developed to enable people to be:

- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at end of life

Insert 'Winter Offer' from Neighbourhood Teams

SRG partners are fully participating in the implementation of a Clinical Assessment Service (CAS) which will become active in a phased plan from November 2015. This integrated service provided by LCHS, Care UK, EMAS, LPFT and ULHT will provide enhanced clinical assessment with a view to decreasing the number of attendances at A&Es.

5. Prepare - by having appropriate planning arrangements and management structures

5.1 Maximising capacity

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. Within the Lincolnshire health and care economy focus has been on:

(a) Additional Primary Care Capacity

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Striving to improve its access
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients
- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Effectively utilising any extended hours provision to support improvements in access
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

In addition CCGs are working with the LMC and NHS England to ensure that increasing demand in primary care is captured as part of the development of predictive modelling tools. CCG Governing Bodies have also worked with the LMC to identify new models of primary care provision at weekends – particularly Saturday mornings.

Christmas and New Year

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such, the expectation is that a full listing of negotiated opening hours will be available in late November 2015 which will be communicated with the public.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

(b) Acute Care

There are plans in place to minimise hospital admission where possible and expedite discharge through various mechanisms and work has been done with key partners to avoid admission if there is an alternative service. A £4.4M investment has been made non-recurrently through the SRG:

A winter planning letter was received from ULHT on 28-10-15. This is being received by commissioners and will be part of the SRG papers on 10-11-15.

(c) Planned Care Activity over winter

With the expected increasing demand from emergency admissions over winter, many trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by "front loading" activity through early or later months.

The above ULHT winter letter includes a proposal about planned care activity.

(d)Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams

The CCG Urgent Care Team have planned and profiled demand throughout the year to take into account seasonal and demand variation. There are a number of projects that require delivery from across SRG partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. Work is underway to create fully functioning

'discharge hubs' in each of the acute hospital sites where multi-agency community teams actively 'pull' people out of hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.

This work is being coordinated by the Out of Hospital Group as well as working with providers on assessing current deficits and looking at strengthening services through winter. The local capacity management system (Cayder) is being explored to ensure visibility to SRG of transitional care capacity including delays in transfer of care to other settings, and demand coming through single points of contact across the county.

Insert Capacity Excel Spreadsheet

LCHS Trust Winter Plan 2015.final.docx

Add in other recurrently funded schemes, e.g. rapid response, EMAS CAT cars, mental health liaison service in A&E, Kings Lynn Hospital - Assertive In Reach Team

(d) Local Authority Plans

The Local Authority has a critical role in ensuring that the system is able to cope though winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.

- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the SRG Winter Planning and Out of Hospital Groups and participates in teleconferences as required.
- The Emergency Planning Teams are in place to aid in the coordination of stand up processes for Critical Incidents (use of Incident Coordination Centre, additional loggist support, teleconference coordination) to respond to surge and escalation issues.

Adult Social Care Winter Offer

LCC Winter Plan
15.16 POS v1.1.docx

Since January 2014, Continuing Health Care Panels meet Tuesday, Wednesday and Thursdays to facilitate timely decision making in relation to Funded Nursing Care and Continuing Health Care eligibly for placements.

(e) Critical Care

For adults critical care – where ULHT face capacity issues in their own adult ITU - they will liaise directly (on a consultant to consultant) basis with the Critical Care Network for adults (to include access to ECMO beds).

(f) East Midlands Ambulance Service/NSL

EMAS are a key member of our local SRG. The current SRG dashboard includes EMAS performance and includes a focus on turnaround. This provides a tool by which the economy can understand capacity and demand and how the ambulance service works as part of the local system through periods of escalation.

Lincolnshire Divisional Seasonal Plan 2015-1(

Add NSL when received….Martin Kay/Chris Dexter

(g) Care UK – 111

The SRG Dashboard includes performance data for 111 and through the contractual process commissioners will ensure that 111 escalation plans are clear in terms of their communications into the system. The contractual route will also provide commissioners with the opportunity to test business continuity plans during times of surge, as well as daily information relating to demand and performance which will support the prediction of potential peaks in demand.

Through contractual arrangements commissioners will work with Care UK to ensure that the 111 call centre has profiled potential demand peaks and is clear on communication and escalation into the system. Through this route commissioners will also ensure that effective business continuity plans are in place.

The Urgent Care Team is working with Care UK to ensure the updating of the Directory of Services (DOS) for 111 - with additional capacity commissioned and clear communications with partners via the implementation of the CAS.

(h) Mental Health Support

LPFT winter planningsept15.docx

Jane Marshall to provide crisis team and mental health liaison service team offer to A&E, plus CAMHS pathway information.

6. Maximising the availability of staff

(a) Sickness absence

Each partner organisation will be aware of the impact increased sickness absence has on its ability to deliver high quality services during the winter months.

It is expected that there will be an increase in sickness absence due to flu and each partner organisation, being cognisant of this fact, should be working to deliver a flu vaccination campaign for their frontline staff, and other staff critical to its operations. Provider uptake rates for flu vaccine will considered by the SRG as part of overseeing delivery of this Plan

(b) Industrial Action

Each of the SRG partner organisations has developed business continuity plans through which it will with test a range of scenarios which impact on the availability of key staff. These plans include scenarios dealing with the impact of industrial action.

(c) Working in Different Ways

ULHT and LCHS are working together to deliver a joint Therapy Professional workforce in light of high vacancy rates in both organisations. Organisations are continuing to develop their clinical leaders, recognising our workforce as our greatest resource and developing staff able to work in a dynamic, changing environment. As an organisation we are empowering them to make autonomous decisions at the time e.g. to prevent delays in patient care, which maximise efficiency and productivity and drives service improvement

Organisations are proactively working within the context of Lincolnshire Health and Care (LHAC) to design better ways of providing essential services, with access to safe, high quality services closer to home and avoiding admissions to hospital.

In addition to this, the absence of staff caused by other absences should be considered by the all partners, for example adverse weather, school closures etc. Each provider is aware of and has an adverse weather plan or process that supports staff to deliver its activities.

Provider Business Continuity Plans should also cover staff absence that reaches a critical level.

SRG partners are ensuring that annual leave planning has taken place to ensure that staffing levels are maintained and capacity is maximised.

7. Excess winter deaths and Wellbeing

Public Health with partners and providers aim to reduce excess winter deaths and improve well-being, and are adopting the DH high impact interventions to address winter deaths and target vulnerable people in local communities. Partner agencies will be working to support the implementation of the proposed NICE guideline 'Excess winter deaths and morbidity and the health risks associated with cold home', targeting vulnerable people.

Consistency checking with the new NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes leading to the inclusion of **pregnant women as a 'vulnerable' group**.

Lincolnshire County Council Public Health is proactively delivering Affordable Warmth (Responders to Warmth) schemes this winter, and maximising referrals from primary care through single points of access.

The NHS, Adult Care and District Councils, with support from the voluntary and community sector, are identifying vulnerable patients and proactively targeting them with the following interventions to increase their resilience against the cold – particularly in relation to:

- Annual flu and pneumococcal vaccine
- Annual medicines utilisation review (MUR) and follow up support for adherence to therapy
- Full environmental assessments (including; equipment, telecare, insulation, support groups, access and transport)
- Assessment for affordable warmth interventions

- Regular review of benefits entitlement and uptake
- Assessment and support to prevent falls (Wellbeing Service)
- Promotion of healthy lifestyle and personal health promotion plan to include physical activity, hydration and nutrition – Every Contact Counts.
- Referral to telehealth/telecare,
- Addressing loneliness
- Referral for talking therapies (IAPT) for stress/low mood

8. Respond - by managing the immediate consequences of an incident or emergency

The local health economy has acknowledged that peaks and troughs in demand and capacity fluctuations are no longer a purely "winter" phenomenon and have relevance all year round. Additionally various mechanisms have existed historically to manage these issues depending on the cause of the fluctuation e.g. winter pressures, adverse weather, pandemic influenza.

The SRG has recognised the benefits and need for the development of a single, year round, system wide surge management and escalation plan. Our refreshed Surge and Escalation Plan details the arrangements and procedures that SRG partners in Lincolnshire will utilise in the event of surge and capacity issues, irrespective of cause, affecting one or more partner in order to sustain the provision of high quality responsive care. Within this plan escalation trigger levels, actions and responsibilities are clearly defined and shared amongst key stakeholders.

Lincolnshire on-call directors are responsible for both proactive and reactive management of capacity issues (surge and escalation or winter planning) and therefore will be involved in the management of critical incidents and major incidents, taking a lead role where these incidents affect patients registered to a Lincolnshire GP and a supporting role for patients in the wider area.

The NHS England Local Area Team will lead (command) the response to wider area incidents and emergencies and take a strategic overview of surge and escalation issues, providing support to CCGs where it can add value.

9. Recover - by having plans to return to normal activity following an interruption

During the winter period the health and care economy will, through the SRG, review and learn continually to ensure that the highest quality care can be provided locally.

The SRG is aware that there is an increased likelihood that planned activity may be displaced by the potential actions taken locally. Therefore our SRG and will ensure effective monitoring in order to manage the potential risks to patients should services need to be deferred. Our refreshed Surge and Escalation Plan includes refreshed arrangements for escalation and de-escalation and link to escalation communications outside Lincolnshire. This plan will be formally tested in winter to ensure as a system we are meeting EPRR standards. A formal post-winter debrief session will be planned in April 2016.

10. Key Contacts

The following people can be contacted regarding the local plans in partner organisations.

Name	Title	Contact
EMAS		
Andy Hill	**General Manager**	**Andy.hill@emas.nhs.uk**
NSL		
Chris Dexter	**Account Director**	**Chris.dexter@nslservices.co.uk**
LCC		
Lynne Bucknell	**County Manager – Adult Social Care**	**Lynne.bucknell@lincolnshire.gov.uk**
Care UK		
Carolyn	**Head of Contracts**	**Carolyn.andrews@careuk.com**
LinCA		
Barry Earnshaw	**Director**	**barry.e@zen.co.uk**
ULHT		
Michelle	**Director of Operations**	**Michelle.rhodes@ulh.nhs.uk**
LPFT		

Jane Marshall	Director of Strategy, Performance & Information	Jane.marshall@lpft.nhs.uk
Ian Jerams	Director of Operations	ian.jerams@lpft.nhs.uk
LCHS		
Sue Cousland	Chief Nurse	Sue.Cousland@lincs-chs.nhs.uk
Carol Brady	Director of Strategy	Carol.brady@lincs-chs.nhs.uk
LECCG		
Gary James	Accountable Officer (CHAIR)	Gary.james@lincolnshireeastccg.nhs.u
SLCCG		
Caroline Hall	Chief Finance Officer	Caroline.hall@southlincolnshireccg.nh
SWLCCG		
Allan Kitt	Chief Officer	Allan.kitt@southwestlincolnshireccg.n
LWCCG		
Sarah Newton	Chief Operating Officer	Sarah.newton@lincolnshirewestccg.nh

Appendix 1 – Risk Register

Risk Ref	Date Raised	Risk Description	Likeli-hood	Impact	RAG	Mitigating Actions
1	17-10-15	**Adverse Weather Conditions** – Current assessment is that there is no current information or relevant warnings of adverse weather conditions	3	4	12 A/R	The Met Office weather warning system will be monitored and utilised to anticipate and communicate short and medium-term threats which may be posed by the weather.
2	17-10-15	**Seasonal Illness –** Current assessment is that there is a "normal" expected level of viral illness (respiratory and gastrointestinal) during winter months. Last year, there was minimal seasonal illness.	3	4	12 A/R	Link with Public Health to utilise and monitor health protection and public health information using increase in prevalence in primary care as a local trigger. Links to communications team of public information and media messages.
3	17-10-15	**Workforce / Seasonal illness** - High risk that seasonal illness will further reduce staffing levels which are not resilient due to high vacancy rates	3	5	15 R	All partners have flu campaigns planned for front line staff. Business continuity plans in place for adverse weather affecting staffing
4	26-10-15	**Workforce – recruitment, retention and agency / locum availability** All organisations are reporting challenges recruiting staff and variable fill rates from agencies. The critical areas for vacancies are ULHT Nursing and therapies, some medical specialities (ED) and also therapy vacancies in LCHS.	4	5	20 R	The LETC has a programme of work in relation to nursing & midwifery (and ULHT are doing international recruitment again); in addition the LETC will add a system wide bank/agency plan to their next Workforce & OD programme group meeting.
5	17-10-15	**Bank Holiday Cover –** Christmas falls over four days incorporating a weekend. Risk of reduced staffing and high demand	4	4	16 R	Link with area team to ensure publication pf pharmacy and practice opening times over the Christmas/New year period. Providers producing staff rotas. NHS 111, CAS and OOH have contingency in place for extra capacity.
6	17-10-15	**Managing demand and capacity –seven day working** ULHT has experienced a high level of sustained pressure throughout	4	4	16 R	Winter monies will be used to increase capacity where required; several ULHT schemes are specifically focused on weekend working for pharmacy, therapies, medical staff

		the year and continues to experience pressures on Mondays and Tuesdays				
7	26-10-15	**Managing demand and capacity - flow**	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
8	17-10-15	**Delayed Discharges -** Delayed discharges have been an issue all year but always become more problematic over Winter and Bank Holidays	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
9	17-10-15	**Constitutional Standards** - Poor performance in A&E has not been isolated just to the winter period	4	4	16 R	As above plus media campaign to help patients "stay well" this winter

APPENDIX B

Winter Plan 2015/16

Date:	16th October 2015
Subject:	Lincolnshire County Council Adult Care Winter Plan

Summary:
To support the Health and Care system for 2015 / 16 Lincolnshire County Council is proposing this winter plan covering essential services to support the out of hospital pathways and flow out of acute hospitals for the people of Lincolnshire

1. **Flu Planning**
    - Flu vaccinations vie a voucher system for care home and home care staff
    - The programme will commence in the next 4 weeks

2. **Adult Care Assessments & Reviews**
    - Simple restarts of care (with no change in needs) for a person can be direct via Discharge leads or ward to the provider
    - Complex assessments & reviews will be undertaken by Adult Care
    - Community Teams will prioritise support to Hospital Teams at times of high demand

3. **Home Care**
    - Hospital discharges will be prioritised for support, early notification will speed the discharge
    - If the Home Care provider does not have capacity, alternative provision will be made to ensure Adult Care meets it's statutory requirements; this may include a fully funded LCC care home bed

4. **Reablement**

    The aim for this winter is to quickly develop from a contract start date of the 3rd November; sufficient capacity to meet all the reablement needs as outlined in the criteria for the service.

    - Allied Healthcare will work in collaboration with LCHS and LPFT to facilitate community responses; where appropriate to minimise emergency hospital admissions
    - Allied Healthcare will support timely hospital discharges with their own staff based within the Lincoln County and Pilgrim Hospitals. All other sites including community hospitals will have a local contact within Allied Healthcare

- Allied Healthcare will work with LCHS to maximise their ability to support as many people as possible with their combined community based rehabilitation and reablement staff

5. 7 Day working

- Hospital based teams and Brokerage will continue to work flexibly over 7 days to meet the needs of patients requiring Adult Care support
- Specific Christmas and New coverage will be on:-
  Sunday 27 & Monday 28th December hospital based staff at Pilgrim & LCH on site 9am to 2pm. Outside these hours the Emergency Duty Team will be providing Adult Care support
  December 25 & 26 and 1st January Emergency Duty Team providing Adult Care support

6. 7 day escalation calls

Working on the evidence of last winter and this year to date there is little evidence for need for Adult Care involvement in weekend and BH escalation calls. Adult Care senior management can be available if requested by email; due to a particular Adult Care issue between 11am and 12 noon daily; over weekends and BH for a teleconference. A rota will be provided by the 6th November 2015.

7. Lincolnshire County Council Internal Winter Overview

- Adult Care will review on a weekly basis the flow and pressures including:-
  - Hospital staffing
  - Reablement capacity
  - Home Care capacity
  - Flow into the community

8. Key public messages

Adult Care will assist in coordinating via LCC communications Team all essential public information and wellbeing key messages

APPENDIX C

Pathway 1 **ASSESSMENT PATHWAY** **RECOVERY AND REASSESSMENT** *Medium to High Complexity* Assisted discharge: Support at home Community Hospital Residential or Nursing Homes **Individual requires a period of recovery (including non weight bearing) and / or assessment to determine ongoing needs and / or funding.** Short Term intervention – up to 14days *Home is an option at the point of transfer.* *or* *Home is not an option but permanent residential care is not an inevitability.* *or* *A placement where patients needs are very complex and where long term nursing and or care is very likely.* **Non Chargeable to the patient**	**Pathway 2** **REHABILITATION / REABLEMENT PATHWAY** *Medium to High Complexity* Reablement / Rehab: support at home Community Hospital, Residential or Nursing Homes **Individual requires a period of rehabilitation, motivation, confidence building. Optimising individuals levels of independence** Short Term intervention – determined by the individuals progress – will be transferred on once they have reached their optimum levels. *Home is an option at the point of transfer.* *or* *Home is not an option but permanent residential care is not an inevitability.* **Non Chargeable to the patient**
Pathway 3 **ADULT CARE PERSONAL BUDGET** *Medium - High Complexity* **Brokered home care services** **Residential and Nursing Homes** Individual has met their optimal levels and/ or is not going to make any further progress, therefore ongoing needs are identified and clear at point of discharge *Home is an option with a package of care.* *or* *Residential care home where long term care is very likely.* **Chargeable to the patient (adult care)**	**Pathway 4** **Palliative Care Pathway** **End of Life Pathways** *Medium – High Complexity* Supported discharge home Residential and Nursing homes Community Hospitals Hospice Day therapies Individual has palliative care needs and requires an identified level of specialist support on returning back to their usual place of residence Individual has been identified as being 'end of life' and follows the Fast Track process **Non Chargeable to the individual**

- **DISCHARGE TO ASSESS IS A PRINCIPLE and would apply to Pathways 1 and 2.**
- **An individual has complex needs on discharge, and requires multi professional support.**
- An individual who no longer requires acute hospital care is returned to their usual place of residence as soon as it's safe to do so.
- The community (Neighbourhood Team) respond by ensuring the right skills and support are in place to assess, identify and meet the individual's immediate and longer term needs.
- **This principle will reduce the demand on adult care and CHC assessments to be completed in an acute setting, and will move the responsibility to the community.**