


# Agenda Item 7

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 December 2017</b>
Subject:	<b>Winter Planning</b>

## **Summary:**

The purpose of this item is to update the Health Scrutiny Committee on planning for winter pressures across the health and care economy in Lincolnshire.

## **Actions Required:**

The Health Scrutiny Committee is asked to consider the approach to preparing for winter pressures as set out in the report and to offer their comments and suggestions.

## **1. Background**

Increasingly, there is a national recognition of increased demand on urgent and emergency services across the winter months which officially run from November to March. Winter can represent the most challenging time for the local health and care system with additional pressures often resulting in poor outcomes for people if they experience longer waits for urgent and emergency care services, cancelled operations or delays in being discharged from hospital.

It is essential that a “whole system” approach is taken in anticipating how, when and where increased demand is likely to present and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.

## **1.1 National context**

Year round pressures in the health and social care system become particularly obvious in winter months. Winter weather exacerbates many long term conditions; increases the incidence of injuries from falls and other accidents, and creates conditions for contagious diseases to spread more quickly. Winter weather can also add to one's sense of social isolation; further undermining resilience to physical illness and ability to cope with frailty, disability or caring for another person. The combined effect of these factors contributes to a significant increase in demand on health and social care services over the winter months.

## **1.2 Local context**

System partners have developed a good understanding and positive working relationships particularly during time of increased pressure and demand including winter. There is a history of strong and supportive relationships between partner organisations; working together and providing support a time of stress within any part of the system.

Currently the health and social care system is running “hot” with the usual expected easing of pressures during summer no longer being experienced. Recently, there has been a noticeable absence of the usual suspects that cause ‘winter pressures’. The incidence of winter vomiting bugs like norovirus – which can rapidly close entire wards and reduce the number of beds available for patients awaiting admission from A&E – was lower in 2016/17 than in previous years; and the relatively dry and mild weather limited the demands made by respiratory conditions such as influenza-like illness. This suggests a deeper challenge now facing our A&E departments. The recent emphasis on redirecting A&E patients with minor medical conditions to primary care may help to relieve some pressure, but the lack of available hospital beds (due to a mix of rising demand from sicker and more complex patients) impacts negatively on the number of long waits in A&E. Unlike other years, the United Lincolnshire Hospitals Trust will not see an increase in bed numbers during the winter period 2017/18.

There is national and local concern that any extra demand into the system will cause issues during winter in a system struggling with attendance levels that are now “business as usual”. However, we know there is a marked growth in the need for urgent and emergency services across the winter months which increases pressure on already struggling emergency departments across Lincolnshire that consistently underperform against the 95% 4 hour standard.

The Lincolnshire 2017/18 Winter Plan was produced by the Urgent Care Team with contributions from partners across the health and care community. It was reviewed by key partner organisations to ensure robustness and was compiled using previous proven approaches. For 2017/18 NHS England and NHS Improvement wrote to Local A&E Delivery Board (AEDB) leaders in July setting out the assurance process and reminding local systems of the national imperatives and how they will be monitoring delivery and preparation for winter. This paper updates the Health Scrutiny Committee on the

arrangements and outlines progress to date with respect to compliance with national expectations.

## **Assurance**

All A&E Delivery Boards were reminded of the requirements for each local system.

This included:-

- Leadership - Overall assurance that the AEDB has effective leadership and was effectively progressing plans for winter resilience.
- Streaming – Urgent Care Streaming is required to be in place in by October 2017 (this is explained further below)
- Delayed Transfers of Care and Bed Occupancy reductions - There remains a national focus on trying to reduce both delayed discharges and bed occupancy in the run up to the winter. NHS England & NHS Improvement have agreed stretching but achievable trajectories for both with most systems and are in the process of pursuing this with systems where this has not yet been achieved.
- Winter Plans - Draft winter plans to be submitted to regulators for review and assurance by 7 August 2017.

## **Progress to Date: Assurance and Winter Plan**

*The Winter Plan* prepares the system in Lincolnshire to:-

- focus on admission avoidance schemes and ambulatory care pathways.
- create the capacity to meet increased demand.
- link the Winter Plan to the Lincolnshire System Resilience Plan.
- robustly performance manage the system to maintain quality, activity, safety and experience.

*Urgent Care Streaming* has been in place at the front door of A&E since 27 September 2017. The service is provided by both United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust. Patients are triaged by an A&E nurse when arriving at A&E then referred to be seen, treated or discharged by a primary care practitioner if appropriate depending on their presentation.

*To support winter planning 17/18*, AEBD have established a “Winter Taskforce” which meets weekly; bringing together plans that give assurance Lincolnshire will deliver operational resilience over the winter period. The multi stakeholder group will build on lessons learnt from last winter.

The plan itself describes how the system aims to manage pressures by:

- The acute hospital focusing on delivering improvements in bed flow processes, Emergency Department (ED) efficiency and fully implementing ambulatory emergency care and SAFER (Senior review; All patients have discharge date; Flow; Early discharge; Review).

- The community services and local authority focusing on enhancing capacity and reablement to avoid admissions and speed up complex discharges.
- Commissioners will focus on driving greater throughput at treatment centres and ensure that demand management schemes are effective in reducing Emergency Department attendance.
- Collective effort focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of the acute hospital.

The demand for services and the complexity of needs of patients and communities has remained high and performance is below trajectory. Whilst some areas have shown improvement such as Delayed Transfers of Care (DToc) lost bed days, others recovery actions are behind plan such as SAFER and Frailty.

### **Assurance of the Plan**

It is an expectation of NHS England and NHS Improvement that a robust system wide plan is in place for each winter. The A&E Delivery Board must have assurance that all commissioners and providers' 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.

The Winter Plan has been assured by Regulators NHS England and NHS Improvement and was signed off by the Lincolnshire A&E Delivery Board on 14 November 2017.

### **Communication**

A winter communication plan (based upon national guidance and material) has been developed jointly across the Lincolnshire Health and Care System. This will ensure that messages are consistent and cover the widest possible area and groups, including staff from all organisations.

### **Surge and Escalation and Winter Plan**

Both the Surge and Escalation plan and the Winter Plan have recently been updated.

The system is clear about the expectations of NHS England and the NHS Improvement 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 and emergency care services
- Delivery of out of hours' services
- 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.

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

- 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.
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

This Plan includes the sharing of information across the system in the form of daily SITREPs (Situation Reports) and triggers the move towards daily teleconferencing. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2017/18, 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 A&E Delivery Board Dashboard - supported by Arden and GEM CSU will provide the A&E Delivery Board with urgent and emergency care performance indicators, 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.
- (d) Developing plans with Local Medical Council and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/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 A&E Delivery Board will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity.

- (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.

## **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 2017 and runs until the end of March 2018. Each member of the A&E Delivery Board 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 and the local system have developed a local cold weather plan based on National guidance.

## **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 A&E Delivery Board 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 A&E Delivery Board has oversight of the Infection Control plan and will 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 18C 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.

## **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 A&E Delivery Board 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, the A&E Delivery Board will be seeking assurance that procedures are in place within community service providers (Lincolnshire County Council, Lincolnshire Community Health Services) for ensuring vaccination of the housebound patients and staff.

In addition, Lincolnshire County Council and NHS Providers/Commissioners have pro-actively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, Lincolnshire County Council recognises that some social care providers may struggle to provide this. With that in mind, Lincolnshire County Council has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

## **Maximising Capacity**

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand.

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

- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Striving to improve its access.
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients.
- 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.

## **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:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2017 which will be communicated with the public.
- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on 26th December and 2nd January.

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.

## **Planned Care Activity over Winter**

With the expected increasing demand from emergency admissions over Winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” in-patient elective (surgical) activity through early or later months in the year. ULHT and Peterborough and Stamford Hospitals Foundation Trust (PSHFT) Hospitals have agreed this plan. It should be noted that day cases and outpatient appointments will continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

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

There are a number of projects that require delivery from across the A&E Delivery Board 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. There are discharge hubs in two of the acute hospital sites, Pilgrim Hospital Boston and Lincoln County Hospital, where multi-agency community teams actively ‘pull’ people out of hospital. There is a discharge team in place at Grantham District 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.



## **Local Authority Plans**

The local authority has a critical role in ensuring that the system is able to cope through 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 A&E Delivery Board Winter Planning and Out of Hospital Groups and participates in teleconferences as required.

## **Mental Health**

Lincolnshire Partnership NHS Foundation Trust will continue to support the health and care system by offering the following core services:

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access.
- Psychiatric Liaison Service for the county. The multi-disciplinary MHLS is based at Lincoln, Grantham, Boston and Peterborough acute hospitals and takes referrals of patients from acute trust staff and also undertakes case-finding to deliver rapid assessment of mental health needs. The team is Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas.
- Child and Adolescent Service Tier 3 Plus team providing service into the accident and emergency departments and into community settings to provide crisis support to patients and families.

## **Acute Services**

As demand rises, the challenge to improve and sustain performance in emergency departments becomes increasingly complex. Further impact is demonstrated when unscheduled admissions spill into elective beds; this can result in scheduled admissions being cancelled and rescheduled, resulting in backlog of patients waiting for treatment and 18 week referral to treatment performance can decline.

## **Risks and Mitigations**

The Lincolnshire Health and Social Care economy is a complex system delivered by multiple agencies, across three acute hospital sites, which initiates a risk in itself. All organisations are responsible for managing their own individual risks with the A&E Delivery Board responsible for identifying, agreeing and mitigating actions and monitoring system risks.

## **Conclusion**

It is essential that a 'whole system' approach is taken to anticipating how and where in the system increased demand is likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.

The A&E Delivery Board will do its utmost to mitigate impacts within existing resources and operational arrangements will assist with this. However there are inevitably limits to what can be achieved within existing resources and this is likely to have impacts elsewhere in the system.

## **Consultation**

This is not a direct consultation item.

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