Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of the Lincolnshire Urgent and Emergency Care Delivery Board

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**5 June 2018**
Subject:	**Winter Review and Planning**

Summary:
The purpose of this item is to update the Health and Wellbeing Board on system resilience during Winter 2017/18, and forward planning for the Winter period 2018/19.

Actions Required:

Members of the Health and Wellbeing Board are asked to consider the approach taken to prepare for Winter pressures as set out in the report and to offer their comments.

1. Background

The NHS frontline is always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. In response, our urgent and emergency care system places a particular focus on winter to ensure there is enough bed and staff capacity to meet patients' needs. Patients are usually more unwell over winter, for example, because of flu and respiratory conditions, and also because of slips and falls in the cold weather. This adds to the complexity of the task, as does establishing additional capacity when the service is already running at full stretch.

1.1 Local Context

Throughout the year and in particular during winter, contingency plans were in place to manage these risks and protect patient safety. At a national level and locally, the NHS was better prepared this year than in previous years, nevertheless, it is unavoidable that resilience in one organisation very much depends on the resilience of the rest of the local health and social care system. Reflecting on the approach to winter planning 2017/18 Lincolnshire Urgent and Emergency Care (UEC) system took, there is confidence a

proportionate and realistic approach was planned to the level of winter pressures both predicted and real.

It was clear before winter that the health and care system was already under pressure, with performance against the 4-hour A&E standard having been 75.54% in quarter 3 of 2017 (lower than the expected 90% target for November), and delayed transfers of care (DTOC) performance for December rose to 5.4% well above the government target of 3.5%. At the start of winter reporting, it was an immediate concern that general and acute bed occupancy was already at 98.58% (31 October). The level peaked at 104.67% on 13 December. To put this in context, half of acute trusts nationally were reporting occupancy of over 95%, despite an additional 800 beds being opened. The data on ambulance arrivals and delays indicates a particular surge in pressures. The acute trust received 21,084 ambulance arrivals between November and March, the equivalent being an ambulance arriving every 10.31 minutes, 24 hours a day. The A&E departments have been overwhelmed by this level of demand and the number of ambulance handover delays (the wait between an ambulance arriving and the patient being transferred to the A&E department), high admissions, increased length of stay, high bed occupancy and additional delays increased during the winter.

1.2 What is behind the pressures?

The first week of January 2018 saw extensive reports of growing NHS pressures. We understand locally the severity of the pressure was due to a combination of long and short term factors. Over the long term, there is the known trend of increasing demand and acuity (i.e. sicker and frailer patients), as well as limited capacity (across the ambulance, mental health, community and acute sectors, all of which contribute to urgent and emergency care performance), workforce shortages (particularly in the emergency department), and on-going capacity challenges in primary and social care.

In Lincolnshire we have seen a trend similar to the national picture of higher levels of respiratory illness than expected; higher levels of flu than expected, with more people hospitalised and admitted above the respective baselines from last year and loss of bed capacity due to norovirus.

1.3 Local and national responses to increased pressures

By mid-September 2017 the Winter Plan for Lincolnshire's health and care system had been signed off. Partners across the system worked hard to prepare for extra winter pressures and minimise the risks for patients.

Actions included:

- Creating extra capacity through opening temporary (escalation) beds; providing additional staffing to respond to increased demand
- Steps to ensure the seamless flow of patients through to discharge
- Increased trusted assessor capacity to expedite discharges
- Developing local resilience plans with partner organisations such as social care
- Improved communications
- Support to ensure people with mental health needs were treated in the right place
- Increased availability of community beds
- Discharge surge events
- Urgent care streaming in emergency departments to ensure patients are treated in the right setting

Significant steps were also taken at a national level to improve NHS resilience, which included:

- A more joined-up approach, including a National Director responsible for winter planning and establishing the National Emergency Pressures Panel (NEPP)
- Contingency plans to support trusts at greatest risk of having difficulties this winter
- An extra £335 million in the 2017 Budget to help the NHS cope with winter

While preparations for winter have never been more meticulous and thorough, there remained a number of continuing difficulties and pressures jeopardising the system's ability to cope:

- Flu – this year's strain has already placed health systems in Australia and New Zealand under severe pressure.
- Funding pressures – the additional NHS funding for winter in the Budget was welcome but has come very late to be used to maximum effect. To make the most of every pound, the system needed to see this in the summer, so that additional beds, services and staff could have been put in place.
- Lack of beds – in late autumn ULHT was already over the recommended safe bed occupancy level of 92%. This means there was very little give in the system. Too many patients still faced delays in being discharged after they were ready to move on.
- Workforce pressures –shortages of key staff groups including paramedics, GPs and A&E consultants and nurses.

Underlying performance pressures – capacity was already stretched, as evidenced by all four key NHS performance targets being missed last year, for the first time ever, even though productivity gains have been much greater than the whole economy average.

1.4 Patient Impact

With the acute trust seeing more people, in both worse and more frail conditions, it is right that the system focuses first on those patients who need help. With this in mind, the National Emergency Planning Panel recommended to all acute trusts that non urgent operations be cancelled during January. Whilst this was enacted in Lincolnshire it was regularly reviewed and not all operations were cancelled. Along with risking patient safety and quality when cancelling operations and outpatient appointments, cancelling operations results in less income for NHS trusts, which is an additional challenge for our system already under significant pressure to deliver savings; recover financial targets and assure their sustainability.

1.5 Forward Planning Winter 2018/19

The NHS is in the middle of the longest and deepest financial squeeze in NHS history. Costs and demand are growing by 5% a year, and we are in the midst of an extended period during which funding increases have not matched this. Three independent health think tanks estimate, based on projections from the Office for Budget Responsibility (OBR), that health spending would need to rise to approximately £153 billion (from £123.8 billion in 2017/18) by 2022/23 to maintain standards of care and meet rising demand.

There are severe workforce shortages, with recruitment and retention problems. Many staff say they cannot provide the safe, high quality care that patients deserve, even though they are routinely working longer than recommended or paid hours. The pressure on NHS performance can be seen throughout the year. Despite best efforts, in 2016 all four key NHS hospital performance targets were missed; and waiting lists for routine surgeries are the longest they have been for a decade.

The actions taken by the system in 2017/18 are considered to be the right actions, however, it is recognised that these actions need to be progressed in 2018/19 to ensure they become fully embedded. The list below includes some lessons learned in 2017/18 and insight into what the System will do in 2018/19;

a. Push the pace of implementation of **SAFER** – 100% of the Acute Trust wards know about SAFER but it isn't consistently used. The current trajectory is for the SAFER bundle to be fully embedded in 99% of wards by 2019. There is work on-going to put in place an accelerated plan for delivery.

b. Embed the use of the **Operational Pressures Escalation Levels ("OPEL") Framework** – the NHS England OPEL Framework was introduced in October 2016 and work took place thereafter to embed it across the Lincolnshire health system. During Winter 2017/18 OPEL reporting has been successful in managing system pressures, mitigating actions and threshold for escalation. The system has been commended by regulators for maintaining a consistent and thorough approach to OPEL reporting and within Lincolnshire, the process will continue internally throughout the calendar year. The OPEL reports are comprised of organisation OPEL levels which are reviewed and fed into a system wide level. The levels vary from level 1 to 4, one being the lowest level of pressure to OPEL 4 being critical. The report is generated following a 9am teleconference where system partners discuss current OPEL levels and provide feedback on high priority issues signed off by the Urgent Care Programme Director.

   The organisations that provide an individual sitrep and OPEL level who contribute to this report are:
   - ULHT – Daily updates
   - LCHS – Daily updates
   - LPFT – Daily updates
   - EMAS – Daily updates
   - ASC – Weekly updates (adhoc as requested)
   - NHS 111 – Daily Updates

   Normal operating for the Lincolnshire system is OPEL level 2; this reflects a system that is able to de-escalate quickly from surges in demand. During winter 2017/18 Lincolnshire was above average and operating at OPEL 3 for the duration of December and January. In contrast, we have reported OPEL level 2 for 20 of the past 21 days during April. Level 4 was reported on only 2 occasions (days) this winter during severe weather.

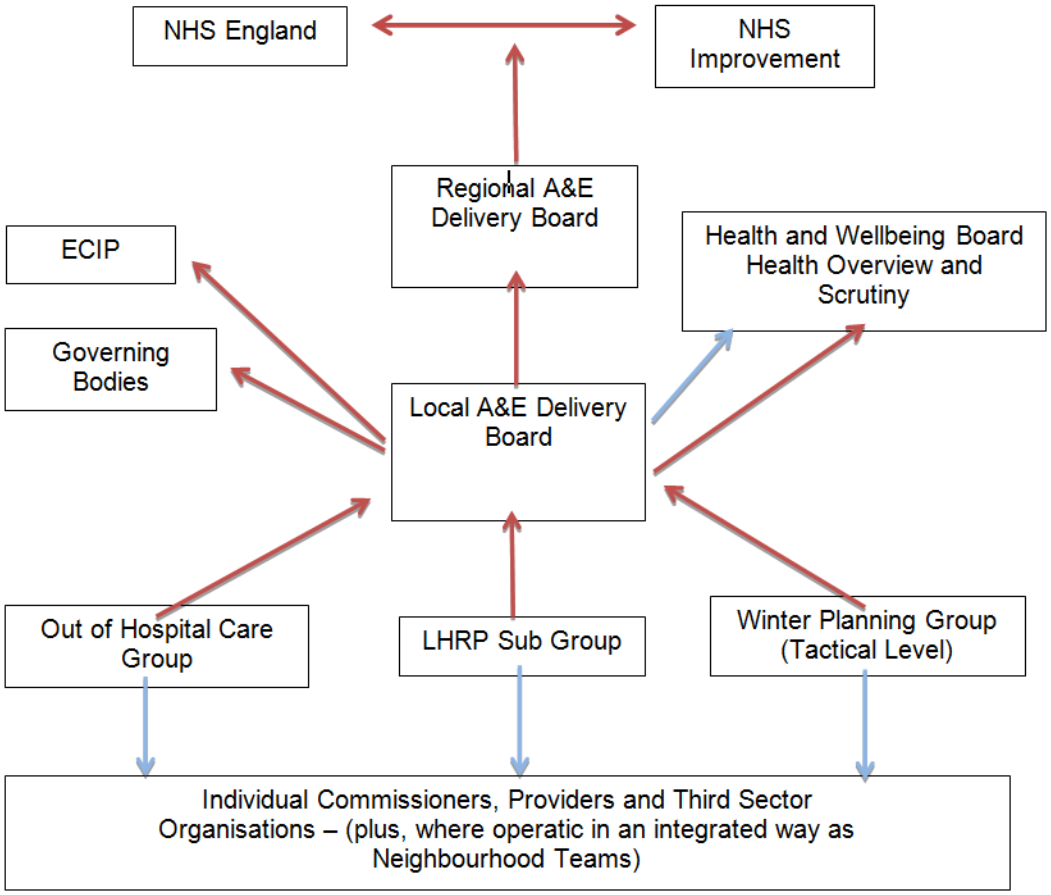
   OPEL levels are built from current performance and pressures. These are therefore a good indication of how well a system and organisation is able to deal with the demand on its services.

c. The 2017/18 winter saw the implementation of weekly system-wide, “winter taskforce” calls Chaired by the Chief Executive of ULHT to support joint working, peer ‘confirm and challenge’ and understanding of the pressures being faced by the system. These calls were well attended and effective therefore will recommence in October 2018.

d. Expansion of the CCG Urgent Care team - in September 2017 the team accrued four additional members of staff. The extra capacity was invaluable to the system, providing both operational and tactical support throughout the winter period. These posts are fixed term and review of funding is required to secure these resources for the longer term.

e. During winter 2017/18, the Urgent Care team worked much more closely with communications leads for each organisation, including them in daily, NHS England OPEL reporting process to pre-empt the need for public facing comms during times of particularly high demand.

1.6 Governance and Assurance Links



KEY
Governance / Assurance Link

The Winter Plan is owned and reviewed by the Urgent and Emergency Care Delivery Board and is implemented alongside the following plans:

Lincolnshire Surge and Escalation Plan

The Lincolnshire health and social care system has a Surge and Escalation Plan which supports both short-term and more sustained periods of escalation. The Surge and Escalation Plan includes the requirement to share information across the system in the form of daily Situation Reports ("SITREP") and triggers the move towards daily teleconferencing in the event of an incident. The associated Information Sharing Agreements ("ISA") (for business as usual and a separate ISA for Major Incidents) facilitate this process. The objectives of the Surge and Escalation Plan are to:

- work together as equal partners in a whole system to manage our capacity and capability to improve system resilience.
- ensure, through co-ordinated communication and marketing, that our public are informed to make the right choice when accessing health and care services and where necessary ensuring timely messages to warn partners and our public of any issues that impact on health and care services.

The Surge and Escalation Plan is refreshed annually in advance of winter, and includes the following elements:

a. A single definition of thresholds/trigger points for escalation and de-escalation and predefined actions for the local system to take in order to de-escalate and stand-down an incident
b. A system-wide tactical level team to identify, mitigate and escalate to the U&EC Delivery Board any risks associated with delivery.
c. For 2017/18, the CCG communications leads were included in the NHS England OPEL reporting process to support a wider understanding of the system position.
d. Strengthening on site and on-call arrangements in all organisations.

Throughout the year, daily, 09:00 system wide teleconferences take place daily. This virtual meeting is attended by each of the Lincolnshire health system organisations and results in a list of system actions to de-escalate and/or prevent further pressures. Additionally, communication is facilitated via a system-wide WhatsApp group.

Each provider uses the Surge and Escalation Plan to ensure it is delivering all appropriate responses in line with the escalation status. Across all health and care organisations the following tiers are agreed to and the triggers within each organisation for each level are detailed:

- **Level 1 – Business as Usual**
- **Level 2 – Business Continuity** - An incident or event that disrupts an organisation's normal service delivery, where special arrangements are required to be implemented, until services can return to an acceptable level. This could be a surge in demand requiring resources to be temporarily redeployed.
- **Level 3 – Critical Incident** - Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from others.
- **Level 4 – Major incident** - Emergencies (major incidents) are defined in the NHS England Emergency Preparedness, Resilience and Response ("EPRR") Framework 2015 and the Civil Contingencies Act 2004 as instances which present 'a serious

threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented'.

The system-wide urgent care leads (via the weekly Thursday afternoon teleconference) supported by the UC team are responsible for initiating any operational changes needed and reporting them to A&E Delivery Board.

1.7 Seasonally related illness

It is reasonable to assume we will experience an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November 2018 and March 19. Each U&EC 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 LCC working with Public Health England ("PHE") provide a range of oversight functions dependent upon the provider setting. The 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 urges 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.

Public Health 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.

The East Midlands PHE Communicable Disease Outbreak Management Plan provides a wealth of information around the management of an outbreak in Lincolnshire, including the roles and responsibilities of the individual organisations.

This plan does not cover routine communicable disease control activities undertaken by PH local teams, or specific major incidents such as a chemical attack or pandemic flu. It is for disease incidents where the threshold for internal management control by PHE is exceeded and the coordination of an Outbreak Control Team ("OCT") is required.

<u>Influenza and Winter</u>
Influenza was a significant cause of illness during the Winter 2017/2018 season, more so in some other parts of the UK than in Lincolnshire. The viruses are capable of making even well people quite unwell for a period of time and present significant threat to the health and even life of people with particular vulnerabilities.
The national programme of flu vaccination undertaken each year is designed to support protection of the population at risk of flu, with the vaccine included in the programme being refined on an ongoing basis.
The programme has two primary objectives:

- To increase immunity amongst vulnerable groups most likely to be made seriously unwell if they become exposed and infected to a circulating flu virus.
- To increase immunity in people who provide essential services and support (including informal carers) to prevent them becoming a source of infection to their vulnerable service users.

Government planning and guidance, and the local planning that follows the national lead is already underway for the 2019/20 influenza season in Lincolnshire. The different elements of the programme have different histories, and levels of success based on achievement from the previous season.

Vulnerable People's Programme

This part of the programme is targeted at: all people aged over 65 years; anyone aged 6 months to 65 years in clinical risk groups; those in residential care settings and carers. The older vulnerable adults programme in Lincolnshire performed reasonably well in Lincolnshire in 2017/2018. This is not the case for the working age vulnerable adult programme which, whilst it benchmarks well against comparator authorities, is significantly off the national target of 75% coverage.

A new approach is now being undertaken in Lincolnshire maternity services to vaccination during pregnancy as a result of ongoing relatively poor performance nationally and locally, with vaccination offered as part of scanning appointments to all women.
It is expected that uptake rates will improve as this new approach beds in.

The Children's Programme

This programme is targeted at all children aged 2 to 9 years in August 2018 and all primary school age children in pilot areas. This programme is still relatively new, and still bedding into the consciousness of parents and carers of young children. Planning is underway for the further development of this programme for the coming season to achieve the targets of 48% coverage for preschool and 2-3 year olds and 65% in older children.

NHS Staff

Local NHS trusts have made significant improvements in the uptake of their staff in recent years, with some innovative approaches being used to support the exceedance of national coverage targets in 2 trusts and 71.9% uptake in the third. This performance, and rate of improvement, sets a high benchmark for the programme going into the 2018/2019 planning.

Frontline Local Government Staff

Uptake in these groups of staff is relatively good when benchmarked with information available from other top tier local authorities, although falls a long way short of the 75% national target. The County Council is developing a plan for the 2018/2019 programme for consideration by its Corporate Management Board (CMB) within the next month. It will look at a range of proposals for improving uptake on the offer of free immunisation offered to front line staff for several years now.

Consideration is being given to proposing extensions to this programme for staff who are key to Winter business continuity but who do not present an infection risk to vulnerable groups e.g. Highways Maintenance staff.

Frontline Local Government Contractors

A further key group of staff were identified in previous years' flu planning guidance and funding nationally are the frontline care staff operating in social care contractors, providing tens of thousands of visits to vulnerable people every week in Lincolnshire. Announcements are awaited from national leaders about the funding arrangements for these essential workers at the point of developing this paper.

This risk assessment process is correlated to the work completed under the Local Health Resilience Partnership (“LHRP”) Risk Assessment Working Group (Community Risk Register hazards and threats). The resulting risk assessment/s outlines the hazards and threats for likelihood of occurrence and the impact (see table 2).

Risks scoring will be revised when the UEC Delivery Board has been assured that mitigating actions have taken place.

Table 2: Anticipated risk to the delivery of the 2018/19 Winter Plan

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					

1.8 Winter Communications Plan

The 2018/19 winter campaign identified the following areas of learning to build on:

- Secondary prevention messages were more impactful than primary prevention messages.
- People aged over 75 were most successfully engaged with.
- Younger people and parents of children are most likely to access A&E services.
- The elderly are less likely to access A&E services, but are most likely to be admitted to hospital.
- Older people are also more likely to be transported to hospital by ambulance and to have a lengthy hospital stay (often with delayed discharge).

For 2018/19, the System will continue the good work done with engaging people aged over 75 and will broaden the campaign appeal for younger people, parents and engage carers, 65+ and those with LTCs as well as enhance the impact and relevance of, for example the Flu campaign to priority groups, using social media platforms, targeting all demographics to deliver salient messages regarding self-care, access to community based health and advice, alternatives to ED and so on.

For 2018/19, CCG's across Lincolnshire have agreed to support the national winter communications campaign being promoted by NHS England; "Stay Well This Winter". "Stay Well This Winter" messaging will be utilised along with specific local messages to:

- Support the population in reducing their risk of becoming unwell and in best managing their own care.
- Support the population in managing their health during the early stages of being unwell.
- Educate the population in accessing urgent care services appropriately (services available locally and what they can provide).
- Ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, where possible, are motivated to take, actions that may avoid deterioration in their health.

Press and media messaging is planned to run from October 2018– Easter 2019 and will be focussed on the following key areas:

- Self-care - to ensure that patients are encouraged to self-care for short-term and self-limiting conditions.
- Over the Counter – engaging pharmacies to maximise the benefit they can provide to local populations and discouraging patients from requesting OTC medications on prescription (unless clinically appropriate).
- Accessing urgent care – to educate the public on accessing urgent care services, appropriately and when required.

It is recognised that the Lincolnshire campaign would miss a crucial opportunity if staff across health and local government are not targeted to support and advise patients, their friends and relatives. Messaging to support this will be included in the above campaign and the A&E Delivery Board will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care system.

During November 2018, 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. This information will be shared across all health sector (NHS) and LCC staff. In addition, localised messages will be targeted to communities to maximise awareness of alternatives to A&E (via a variety of media to GP practices, schools, large employers, care providers, third sector and voluntary organisations).

1.9 Flu Prevention

The annual, National Flu 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 U&EC Delivery Board will test that it is a feature of partner organisation business continuity plans.

The Lincolnshire Multi-Agency Pandemic Influenza Contingency Framework addresses the roles, responsibilities, planning and response procedures for the System in preparation for and during an influenza pandemic. It is based on guidance published by the Cabinet Office, Department of Health and PHE and pays due regard to the duties and requirements defined within the Civil Contingencies Act 2004.

An influenza pandemic arises when a new strain of influenza virus emerges to which most people are susceptible. Important features of pandemic influenzas include:

a. Ability to spread widely.
b. Unpredictability.
c. Likelihood of arising outside the UK and spread to the UK within as a little as 4-8 weeks.
d. Likelihood of spreading rapidly once in the UK to all major population centres within 1-2 weeks, peaking possibly only 50 days from initial entry.
e. Possibility of subsequent waves of illness weeks or months apart.

The framework details the use of antivirals, specific guidance to schools and care homes, restrictions on public gatherings/use of public transport etc. The World Health Organisation ("WHO") will identify at an international level the various phases of a pandemic influenza (i.e. Detection, assessment, treatment, escalation and recovery).

All agencies in Lincolnshire collectively exercised in 2015 through Exercise Black Swan their respective influenza response plans and the updated pandemic flu plan was ratified by the LRF in September 2016. All NHS organisations have to report to NHS England through the annual EPRR Core Standards assurance process their ability to respond to pandemic flu.

Vaccinating Children (2-9 years old)

The Lincolnshire 2018/19 flu vaccination campaign will include provision for a school-aged immunisation service ("SAIS") provided by a dedicated nurse-led immunisation team employed by LCHS.

The SAIS will be responsible for vaccinating children in school years Reception, 1, 2, 3 and 4, including those who reside in Lincolnshire but are electively home educated, and, additionally, for pupils of all ages attending Lincolnshire special schools. Fluenz Tetra®, the quadrivalent nasal spray, is the preferred vaccine in this age group, and will be administered to all children unless they have a contraindication.

In addition, there is a requirement for GP Practices, as part of the flu contract, to put in place a proactive call and recall system to contact all eligible patients, including children aged 2 and 3 years, and offer vaccination.

Vaccinating Adults

As in previous years, the adult flu vaccine will 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
- Aged 65 or over

- Aged 6 months to under 65 years and in a clinical risk group Carers
- Frontline health and social care workers

Organisations operational plans must identify vulnerable groups 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 U&EC Delivery Board will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

Vaccinating Staff

In November 2016, NHS England published the Commissioning for Quality and Innovation ("CQUIN") CQUIN indicator 1c 'Improving the uptake of flu vaccinations for front line staff within Providers' requires that 100% of frontline staff involved with direct patient care from all NHS Trusts, including Acute, Mental Health, Ambulance, Care and Foundation Trusts are offered flu vaccination. In order to achieve the indicator, Trusts must evidence an uptake of flu vaccinations by frontline clinical staff of 70%.

Table 3: Lincolnshire system-wide plan for vaccinating staff and carers

<table>
<tr><th>Organisation</th><th></th></tr>
<tr><td>Lincolnshire CCG's</td><td>CCG's promote flu clinics to all staff. Clinics are delivered by Arden GEM CSU Occupational Health across the Lincolnshire CCG work bases.</td></tr>
<tr><td>ULHT</td><td>ULHT Occupational Health Services will complete orders for the 2018/2019 flu season, during late summer including for partner organisations, to be delivered in three instalments in September/October. The order for ULHT vaccines requested from pharmacy the order will be:

<table>
<tr><th>Trust/Organisation</th><th>Head Count</th><th>75% of all staff</th></tr>
<tr><td>ULHT</td><td>7500</td><td>5625</td></tr>
<tr><td>LCHS</td><td>2000</td><td>1500</td></tr>
<tr><td>LPFT</td><td>2000</td><td>1500</td></tr>
<tr><td>Other, St B, CCGs</td><td>500</td><td>375</td></tr>
<tr><td>Total</td><td>12000</td><td>9000</td></tr>
<tr><td>Vaccine Order ULHT</td><td></td><td>9000</td></tr>
</table>

The Trust will continue to build on the work done last year with the addition of incentives and a wider media campaign.

<u>Vaccination strategy</u>

As per the 2017/18 programme, there will be 4 modes of vaccination delivery to staff:
• Peer to peer immunisation.
• Vaccination clinics - set up across the 4 Acute hospital sites over 6-8 weeks. Open to Acute and Community staff alike. Central points on the two main sites where drop in clinics can be set up on a regular and consistent basis.
• Roving Teams - as well as staffed vaccination stations, OH roving teams will be covering hospital sites on scheduled vaccination clinic days throughout the roll out.
• By appointment at the Occupational Health Service.</td></tr>
</table>

LCHS	The Trust vaccination programme will commence in October 2018, with Occupational Health targeting and vaccinating front-line staff in high risk areas. An internal communications strategy will be launched ahead of vaccination roll-out. The vaccination will be offered to all LCHS with the aim of vaccinating at least 75% of Trust front line staff.
LPFT	LPFT will work in partnership with ULHT Occupational Health, Staff Wellbeing, Public Health and LCHS to promote a multi-organisational, joined-up approach to the campaign. The Trust will focus on embedding learning from previous years to increase uptake, including targeting the following; • Areas where uptake has been notably increased such as during staff induction and Trust wide events. • Areas where uptake has been notably poor or decreased through meeting staff groups to address concerns. • Raising awareness in community teams with regard to promoting flu vaccination to patients in at risk groups and, in particular, carers who are also entitled to free vaccination through their GPs. • Communications - to formulate a robust plan to promote the campaign earlier and more effectively. • Proactively celebrating and publicising success.
EMAS	The Trust offers the Seasonal Influenza vaccine to all staff. Members of staff are also able to receive their flu vaccination from their own doctor or other sources such as through supermarket pharmacies if they chose. Where this occurs, staff are asked to provide details of these vaccinations to the Trust's flu lead so that an accurate record of staff receiving the vaccine can be maintained.
TASL	During winter 2017/18 TASL offered, and made arrangements to provide, influenza vaccinations for all staff via various Occupational Health Service Level agreements already in place.
DHU	DHU have in place an incentive scheme to increase uptake of flu vaccination. Vaccinations will be given in work time with DHU donating £10 to charity for every member of staff that has the vaccine (if they achieve the CQUIN quota). Staff will be able to choose from a selection of charities to donate the monies to. In the event of an outbreak, e.g. flu, internal contingency plans will be invoked with consideration given to relocation.
LCC	Flu vaccine programme to be delivered via a voucher system for care home staff, home care staff and LCC front line staff. The programme will commence in September 2018.

1.10 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. 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 LCC 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.

1.11 Demand and Capacity Modelling

The Lincolnshire health and social care organisations have each plan and profile demand throughout the year, taking into account seasonal variation and points at where there are likely to be surges (based on historical data). As part of the STP Programme, we are currently writing a business case/proposal for discussion and decision on a solution to identify the requirement for a single system for Lincolnshire's Health and Care community to manage live capacity, understand demand and manage patient flow. To support reductions in demand and freeing up of capacity, there are a number of projects that require delivery from across the U&EC Delivery Board partners to ensure the optimising of patient flow and reduce delays in discharge across acute and community settings.

These projects are encompassed within the Urgent Care Delivery Plan and as part of the STP Urgent Care Transformation work

1.12 Supporting the Acute Trust: minimising admissions, improving flow and reducing DTOCs

There are schemes in place across the Lincolnshire health system which support the Acute Trust in realising the following benefits:

a. minimising hospital admissions (admission avoidance)
b. reducing demand on Emergency Departments
c. improving the flow of patients out of A&E into, and through, the hospital.
d. reducing DTOC's

Work is ongoing across the system to implement the eight high impact changes for managing transfers of care as a key part of the Urgent Care Delivery Plan. Recently recruited staff members of the UC team have been tasked with focussing on the current issues with DTOC's and how these can be addressed

1.13 Primary Care

CCGs in Lincolnshire continue to engage with General Practitioners over winter to ensure that each practice is:

- Striving to improve its access. This includes, effectively utilising extended opening hours provision.
- Educating patients about the importance of self-care and appropriate routes for accessing care in different situations.
- Putting systems in place to identify and discuss inappropriate A&E attendances with their patients.
- Able to provide assurance to NHS England, via the CCG, on the quality of their business continuity plans, including evidence that they have been tested.

- Taking steps to reduce staff sickness through winter including maximising staff uptake of flu vaccinations.
- 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, which supports the NHS England GP Forward View.

1.14 Lincolnshire Partnership Foundation Trust (LPFT)

During winter 208/19 LPFT 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 (telephone number is 0303 123 4000).

- Psychiatric Liaison Service for the county. The new multi-disciplinary Mental Health Liaison Service will be based at Lincoln, Grantham, Boston and Peterborough acute hospitals and will take referrals of patients from acute trust staff and also undertake case-finding to deliver rapid assessment of mental health needs. The team will be 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. Phased rollout is now underway in collaboration with each hospital site and it will be operational during November and December 2017.

- Child and Adolescent Mental Health Service ("CAMHS") self-harm pathway providing service into the accident and emergency departments to support patients and families.

1.15 Lincolnshire Community Health Service (LCHS)

LCHS continue to support the Systems efforts to avoid/reduce admissions, discharge patients following a stay in hospital, in a timely manner, and support people to remain safe and well, closer to the place they call 'home'. LCHS commission, provide or participate in the following services;

- Neighbourhood teams
- Transitional care – Applying the "Home First" principles, LCHS provides a range of services aimed at avoiding unnecessary acute hospital admissions and facilitating and supporting safe and timely discharges from hospitals.

Admission Avoidance: Via the Patient Flow Team in the Operations Centre any health or care professional can request support for patients who are at risk of an unnecessary acute hospital admission. A qualified Health care Professional will respond to assess the patient's needs and either implement advice or support to help the patient remain safe at home or arrange for an admission to a Transitional Care Bed. This service runs 7 days per week between the hours of 8am-4pm but outside of these hours, the Urgent care Home Visiting Service can respond and access the same services in order to prevent an unnecessary acute admission. Additionally, the Assertive In reach teams work in the

Emergency Department on all 3 ULHT sites (7 days per week, 365 per year) to prevent unnecessary admissions to the wards for medically stable patients.

Discharge Facilitation: LCHS have qualified Nurses and Allied Health professionals based on site at Lincoln, Pilgrim, Grantham, Peterborough and Queen Elizabeth Hospitals. These teams work in collaboration with Adult Social Care to form the "Discharge Hub" (see section 5.2).

Community Therapy: As above, the Community Therapy staff provide rapid response to urgent referrals with a view to admission avoidance, as well as working in the Transitional care Beds. Additionally, Community Therapists work on their proactive pathway to manage and support patients with frailty and with a longer term aim of reducing acute admissions.

Urgent Care Services including;

- CAS
- Building Based Urgent Care Services – including GP OOHs (see section 5.11) provision in Primary Care Centres, and minor illness/minor injuries at Urgent Care Centres and MIUs.
- Mobile Urgent Care (home visiting) service which provides a face to face patient consultation in the patient's own home within a 2 hour time frame, if required, for those patients at immediate risk of hospital or care home admission.

1.16 East Midlands Ambulance Service (EMAS)

EMAS is a key member of our local UEC Delivery Board. EMAS, along with other key stakeholders, have been fully engaged with winter planning to ensure a unified health system approach for Lincolnshire.

1.17 Lincolnshire County Council (LCC)

LCC 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.
- LCC Adult Care participates in the U&EC Delivery Board 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 Care will support the coordination of all public information and wellbeing key messages (via the LCC communications team) and will review, on a weekly basis, the system flow and pressures including:

- Hospital staffing
- Reablement capacity
- Home Care capacity
- Block bed capacity
- Flow into the community

2. Conclusion

The focus right now needs to be on what can be done to help frontline services respond to patient need. For example, we continue to be guided by national directions through the NEPP to support our system to take action and reallocate resources to emergency care as appropriate during periods of high demand. All local partners are working to create additional care capacity to respond to surge, particularly along the east coast during the summer period when demand mirrors winter.

Urgent and Emergency Care is a complex adaptive system that is dynamic in terms of its interactions and relationships between professionals, services and organisations.

In a system working with limited resources to meet the demand, interactions can be compromised. The system works through the relationships and tolerances of each organisation. Future planning will consider the impact on performance and building positive relations between professionals and organisations to reduce the opportunities for process led organisational conflicts.

In Lincolnshire, there is now a shared understanding that these interactions are detrimental to flow through the acute hospitals, by a reduced number of beds and high occupancy, and high numbers of delayed transfers of care, In response, the Recovery Plan is focused on improving these interactions and the Winter Plan for 2018/19 will focus on the wider system actions that will impact on system resilience.

3. Consultation

This is not subject to consultation.

4. Appendices

No appendices

5. Background Papers

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

This report was written by Ruth Cumbers, Urgent Care Programme Director, who can be contacted on 01522 513355 or ruth.cumbers@lincolnshireeastccg.nhs.uk .

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