Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 October 2018**
Subject:	**Winter Planning**

Summary:

The purpose of this item is to update the Health Scrutiny Committee on Winter Planning across the Health and Care Economy in Lincolnshire.

Actions Required:

Members of the Health Overview and Scrutiny Committee are asked to consider the approach to preparing for Winter pressures as set out in the report and to offer comments and suggestions.

1. Background

Pressures have been building on A&E departments for several years and can increase significantly over winter because of a rise in the number of people admitted to hospital. As a result, planning started earlier than ever before with hospitals, GPs, social services and other health professionals coming together to work out the best way of responding in every area of the county.

Comprehensive system-wide discussions and plans for managing winter pressures are now the norm, crucially involving social care and voluntary sector organisations from the start. The NHS has also been very active in engaging the public in its winter planning – the annual push on flu vaccination for the public and NHS staff, including the extension of the offer of free vaccination to social care staff for the first time; there have been campaigns to encourage people to use alternatives to A&E departments, including GP services that are available at weekends and over the holidays; and advice offered on how to manage coughs and colds without seeing a health professional. We are determined to protect the good standards of service that the public have come to expect.

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. Work carried out by St Mary's University, London, suggests it is the increasing number of patients with long-term conditions rather than the shortages of GPs (and therefore less access to health care) that is driving attendances at A&E. In the study patients with at least four long-term conditions had an attendance rate six times higher than those with no such complications. The study also suggests that attendances at A&E departments have more than tripled in the past 50 years. However is not only the number of people attending A&E that causes the pressure – the position with emergency admissions paints a similar picture. Data from NHS England suggests bed occupancy across England is rarely below 85 per cent, the generally accepted recommended level which means hospitals are effectively consistently full in terms of acute beds.

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 because of slips and falls in the cold weather – which adds to the complexity of this task, as does establishing additional capacity when the service is already running at full stretch. Contingency plans are in place to manage these risks and protect patient safety; 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.

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 ones' 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. Year round, NHS trusts are now reporting particular challenges with regard to bed occupancy levels, A&E performance, demand for ambulance service, pressures on bed and out of hospital capacity, together with increasing levels of flu, respiratory conditions and norovirus.

The challenges were system-wide, with mental health and community trusts also experiencing severe pressures. This is in spite of careful planning undertaken by the NHS and social care to prepare for winter impacts significantly on our systems ability to respond to demand for services.

1.2 Local context

The health and social care system in Lincolnshire has been running "hot" for several years with the usual expected easing of pressures during summer no longer being experienced.

This summer in particular weather has brought with it serious concerns about health as higher temperatures increase the probability of dying from cardiac, kidney and respiratory diseases for some people, with associated higher air pollution also posing a risk. The heatwave meant we returned to winter conditions – in our acute hospitals, community, mental health and ambulance services – and although fewer staff are off sick there are more away on holiday. Our acute sites reported record numbers of people coming in to A&E, with increased emergency admissions, often for respiratory problems and conditions made worse by dehydration. This extra activity lead to delays for patients requiring planned operations during a period during which we look to recover our waiting lists.

There is national and local concern that extra demand into the system will cause further challenge during winter in a system struggling with current attendance levels. 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 have consistently underperformed against the 95% 4 hour standard since 2014. While improving the way A&E departments work, the rest of a hospital and the wider health and care system is undoubtedly part of the solution, and encouraging patients to access alternatives to emergency care where appropriate is important.

In September the Urgent Care Team launched the ASAPLincs app and website. ASAP has been designed to support individuals to make the right choice and signpost citizens to the most appropriate service for their condition. Similar to the national picture, the most common referral method to ED in Lincolnshire during 2017/18 was self-referral. Of which in Lincolnshire, 58% may have been better treated elsewhere. Our review has identified several key target audiences who are likely to attend ED inappropriately and may be more appropriately treated elsewhere. These target audiences are therefore key groups to target the use of ASAP across Lincolnshire in order to reduce the demand on ED.

The key target audiences are as follows:

•**Adults aged 20 –50, particularly young adults.** The findings show that there are more inappropriate ED attendances among young adults, particularly those aged 20 –29.

•**Parents/ guardians of young children.** The findings show that 2 in 3 children aged 0 –9 are brought to ED by their parents who may have been more appropriately treated elsewhere. This is approximately 1 in 3 for older children and teenagers aged 10 –19.

•**Citizens who show signs/symptoms that are likely to be classified as; contusion/abrasion, laceration, or sprain/ligament injury.** The findings show that 4 out of 5 people who come to ED with one of the above diagnostics are

inappropriately attending. Importantly these are diagnostics that could be more appropriately dealt with at a MIU.

ASAP Lincs is based on work in Gloucestershire, where 15,000 people downloaded the app in the first year, A&E attendances dropped by 16,000 across two acute sites and GP appointments involving minor ailments also dropped significantly.

During late summer and throughout winter, the system is focusing on communication and engagement with the public to support self-care and self-management choices as well as signposting patients to the correct point of access to urgent and emergency care services. We have devised a marketing campaign for the website and app which includes countywide media and radio advertising, bus advertising as well as leafletting and booklets being provided to GP surgeries, universities, children centres, gyms, hospital sites to name but a few. Alongside this we have launched the countywide flu campaign with refreshed more eye catching advertising in an attempt to generate public interest and awareness.

The Lincolnshire 2018/19 Winter Plan

The Winter Plan was produced by the Urgent Care Team with contributions from partners across the health and care community. The plan brings together individual organisations plans into one overarching document that describes how the system will respond to an increase in predicted demand during the winter period. The plan is not an action plan per se but demonstrates organisational resilience and business continuity mitigations. It has reviewed by key partner organisations at the Urgent and Emergency Care Delivery on three occasions to ensure robustness and was compiled using previous proven approaches. This paper updates the Health Scrutiny Committee on the arrangements and outlines progress to date with respect to compliance with national expectations.

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 (**S**enior review; **A**ll patients have discharge date; **F**low; **E**arly discharge; **R**eview).

- 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.

The Urgent and Emergency Care Delivery Board is responsible for implementation of the winter plan and hold the requirements for each local system.

Progress to date:

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.

To support winter planning the Delivery Board have agreed the set-up of a "winter room". The winter room (WR) will be staffed 7 days per week with representatives from across the Urgent Care system. The WR will support day to day operational resilience across the system to manage demand, capacity and flow using diagnostic tools to predict and mitigate risk and improve patient experience through improved performance and quality. The winter room will report weekly into the System Winter Team Chaired by Dr Yvonne Owen which will provide system wide strategic and operational leadership to the delivery of the winter plan.

The system has also put plans in plans in place to improve ambulance conveyance to the acute hospital sites. "Home First Prioritisation" will run throughout the winter period (October to end of March) with focused attention on particular weeks for the whole system to participate proactively in the equivalent to the Discharge Surge weeks.

The plan for Lincolnshire is for Health and Care colleagues from across the system to continue to work together with a particular focus on learning and understanding reasons at a system level for what we need to do to reduce avoidable admissions to hospital and ambulance conveyances.

The week commencing the 15th October 2018 will be a dedicated piece of work with the East Midlands Ambulance Service (EMAS) to review the qualitative reasons behind conveyances (to live and breathe via an active live audit with ambulance crews feeding into system leads reasons for conveyances that week). This will help to understand why crews work the way that they do and their successes, challenges and barriers. The auditing will specifically focus on frail and older people (over 75's) so this would meet the criteria around the NHS England prescribed 'Help Mavis' programme. The emphasis is on identification of frailty and how the system works together to reduce the number of avoidable A&E attendances and admissions for frail elderly patients.

The methodology used will be through live auditing, retrospective case reviews by a multi professional team including GPs and EMAS of the 'live audit' and then rapid testing and escalation into organisations to unblock and test out new ways of working together.

There will be a premise that the individuals who remain at home or in the community are followed up by the Neighbourhoods to work with them in developing a proactive and personalised care plan - which will include an escalation plan to improve their crisis management, thus improving outcomes for patients.

The local authority and community health provider (Lincolnshire Community Health Services NHs Trust) have committed to purchase additional capacity within the community to support patient care outside of the acute hospital trust when appropriate and when patients are medically well to receive support in alternate settings. This will reduce delayed transfers of care as well as in-appropriate attendances and emergency admissions. Lessons learned from winter 2017/18 have enabled us to identify best use of resources and the system plans to again open a community ward on the acute hospital site to step patients down when medically stable.

Frailty models are being developed both in the acute hospitals and the community to reduce falls. The flow between community and acute services is vital to ensure we are able to reduce the presentations to acute hospitals where these could have been prevented or delayed by the early identification and support services in the community being able to provide interventions to reduce the risk of falls and promote healthy lifestyles. Whilst the work continues to develop a response to frailty from the community; the mandate set to the Acute Trust for Acute Frailty Services to provide a minimum of 70 hrs in ED is seen as a vital component to improve our front door assessment and flow. The importance of a strong frailty provision in the community is also vital to ensure our acute hospitals are able to manage the demand of dealing with high acuity frail patients.

The purpose and aim of the frailty work within United Lincolnshire Hospitals NHS Trust (ULHT) is, with the support of the Acute Frailty Network, to:

1. Ensure that frail patients are identified at the point of presentation to the acute hospital and receive specialist, high quality, person-centred care on the non-elective pathway.

2. Improve the process of discharging frail patients - patients should be discharged without delay when their acute care is complete, with the right level of support to continue their recovery and rehabilitation in their own home. It is often more difficult to achieve this with patients who have frailty syndromes.

3. Develop and implement a frailty service which includes the following;
    a. Comprehensive Geriatric Assessment (CGA) at the front door, i.e. A&E, and ambulatory settings - the presence of one or more frailty syndrome should trigger a CGA to start within 2 hours (14 hours overnight).
    b. Pathways which enable safe discharge to preventative services to reduce the likelihood of readmission or a ‘failure to thrive’ in the community
    c. County Wide Acute Frailty Service with clear links/pathways to community frailty services
    d. Education and training for staff in all clinical areas around frailty, ensuring adequate establishment of clinicians with specialist training in the care of older people

2. The key requirements to meet the aims are the following;

- **Frailty assessment within 2 hours (14 hours from overnight) from meeting criteria for frailty assessment**
- **Links to short stay facilities to manage the majority of patients with a 72hrs timeframe**
- **Admission areas with appropriate monitoring capabilities**
- **Provide a facility to support discharge and prevent re-admission**

The Pilgrim Hospital site is now nearing completion of the first phase of its ambitious 'Big Change' programme with our new 12-bed orthopaedic ward set to opening week commencing 1 October. Over the past few months work has been ongoing at Pilgrim as part of a major reconfiguration of our urgent, emergency and ambulatory care services. The 'Big Change' project commenced in earnest earlier this summer as a response to the ever growing demand the hospital is seeing on its A&E department and to help safeguard its planned surgical activities, to prevent cancelled operations. This has involved major improvements to parts of the main hospital tower block, in addition to creating a new integrated assessment unit (IAU) on the ground floor, to house the current ambulatory emergency care (AEC) and surgical admissions units (SAU). Alongside this will sit the new aptly named 12-bed orthopaedic (Nye) Bevan ward, as a nod to this year's NHS 70 celebrations, which will also include a trauma assessment unit.

The third floor will become a new 52-bed integrated medical unit (IMU) for a maximum stay of 72 hours, while the fifth floor will house a new 54-bed integrated surgical unit (ISU) for general, vascular and urology surgery. A new stroke unit will be situated on the eighth floor, in the currently empty and fully refurbished ward 8B, with the orthopaedic trauma ward finally settling up on the ninth floor as the final phase of the project.

The entire Big Change programme is a reconfiguration of some of ULHTs current services with the aim of improving the patient experience and journey through the hospital, in addition to alleviating pressure on the emergency department, ensuring patients do not experience long waits in our A&E. It will also create more opportunities for different staff specialties including more consultant physicians, nurses, occupational therapists and pharmacy posts.

The new IAU will allow patients to be seen and assessed quicker than ever before, with all teams working together to ensure the most appropriate treatment is delivered as soon as possible. It will also feature new point of care testing equipment, ultrasound machines and patient trolleys and recliners.

This £1.8 million capital investment project is a major improvement for services at Pilgrim, which will see an overall increase of four hospital beds.

It is part of the Trust's ambition to transform the hospital into a centre of excellence for planned surgery as part of its 2021 strategy and the improvement of patient flow through Pilgrim is expected to deliver more than £1m in income.

Work commenced in mid-summer to prioritise a list of winter schemes that can be mobilised should funding be received from central government to support winter resilience. This includes, for example, the extension of the specialist paramedic

scheme currently running along the east coast, additional medical teams to support in-patient wards at weekends, temporary escalation of Surgical Admissions Lounge (SAL) and Ambulatory Emergency Care (AEC), additional staffing of the discharge lounge. During 2017/18 the system was limited, to an extent, in its ability to create the required extra capacity by the late allocation of the additional winter funding. The UEC system has consistently said funding needed to be allocated in the summer to give planning certainty and enable the UEC Delivery Board to make the most effective use of the investment. In fact, the extra £335m identified in the November Budget was only allocated to trusts in December.

With regard to Primary Care, across the County GPs now offer appointments outside of core working hours, making it easier for patients to get an appointment at a time that suits the individual, including evenings (18:30 to 20:00), weekends (08:30 to 18:00), and bank holidays.

Appointments are available in advance and to book on the day therefore, if GP practices cannot offer an appointment at a suitable time at their own surgeries, the Hubs may be able to book an appointment with the GP extended access service.

The GP and other health professionals working within the Hubs may not be the patients' own GP but, with patient consent, they will be able to access medical records and transfer any information back to the Practice. The GP will be able to offer advice and treatment including acute prescriptions (not repeat prescriptions), blood test requests and referrals.

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 Urgent and Emergency Care 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 will be assured by Regulators NHS England and NHS Improvement and is due to be signed off by the Lincolnshire Urgent and Emergency Care Delivery Board by 31 October 2018.

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 2018/19, 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 U&EC Delivery Board Dashboard - supported by Arden and GEM CSU will provide the 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 2018 and runs until the end of March 2019. Each member of the 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 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 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 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 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 (LCC) 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, LCC recognises that some social care providers may struggle to provide this. With that in mind, LCC 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 2018 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 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 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 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 ED becomes increasing 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 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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