

Lincolnshire Integrated Care System

# Winter Preparedness

2023-2024

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## Executive Summary

The Lincolnshire Integrated Care System (ICS) Winter Plan has been developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system.

The health and social care system in Lincolnshire has experienced significant levels of pressure over the summer period with the continued impact of a range of industrial action. We recognise that we need to ensure that services can respond to the ongoing increases in demand expected during winter and that resilience over the winter period can only be achieved through partnership working across the health and social care system. As partners of the ICS, we are committed to working together to manage these challenges.

The purpose of this Winter Plan is to highlight the capacity and demand assumptions for winter and set out our planned response, with extra initiatives, capacity and information to manage the urgent care and patient flow pressures that the system will inevitably experience. The plan is designed to supplement the ongoing improvements and developments in urgent care in line with the Nation UEC Recovery Plan requirements and is inclusive of those requiring both physical and mental health care. During October 2023 NHS England Midlands Regional team conducted a Winter Assurance Visit in relation to this plan and whilst highlighted some opportunities for further development they described our plan as the most integrated they had reviewed.

Urgent action is required to address the Category 2 ambulance response times, and the amount of time that patients are spending in our Emergency Departments so that our residents receive the best possible care and experience improved outcomes.

This year we have again focussed on the avoidance of patient harm by adopting an approach that focuses on clinical risk, the main areas of risk in the Urgent and Emergency Care pathway remain as follows:



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# 1. Introduction

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care. We recognise the importance of all local health and care providers and commissioners working together to provide the best services we can.

This document outlines our collective response to urgent and emergency care during anticipated peak times of demand to ensure patients get the safest, most effective, and efficient services. This winter we recognise that we will need to manage patients wherever appropriate and safe to do so within their own homes or usual place of residence, provide health and care in an integrated way and relying less on acute inpatient services. This plan sets out how we will ensure services provided by each of the partners that make up our system will be resilient through this winter. We have arrangements across all Lincolnshire ICS partners to manage patient flow between our services. Working together, we use the Operational Pressures Escalation Levels (OPEL) system which identifies the actions we all need to take when we are under increased pressure.

We learned much from the pandemic and from our responses. Perhaps most importantly it showed us that, on a day-to-day basis, all our partner organisations in Lincolnshire are stronger and better when we work more closely together. We have a shared commitment and determination to ensure people are cared for in the right place at the right time, so that they can achieve the best health outcomes.

During 2023 we developed our system Urgent and Emergency Care strategy which clearly articulates our vision for Urgent and Emergency Care for the next five years and our ambitions and enablers which will help us achieve this vision. Quite simply our overall vision for Urgent and Emergency care in Lincolnshire is:

***“System Partners in Health and Care from across Lincolnshire have together committed to support people who present to our services in an emergency or with urgent needs to access safe, seamless, compassionate and timely care in the right place from the right team.”***

In addition to our vision, we have also articulated our clinical ambitions, which are detailed over the page, these set out the manner for the way we will deliver Urgent and Emergency Care within Lincolnshire.

## Clinical Ambitions



- ✓ **Our team members have optimal time and resources to provide great care, in line with agreed professional standards.**
- ✓ **Our patients and team members are treated with respect, kindness, and compassion.**
- ✓ **Our Teams work collaboratively across the whole system, to join up care in a way which matters to our patients and those who matter to them.**
- ✓ **All patients are cared for in an appropriate and safe environment, minimizing the risk of hospital acquired infection and harm.**
- ✓ **Patient records are shared across clinical teams to enhance patient safety and reduce the need to share the same information multiple times.**
- ✓ **Where possible care is delivered 'closer to home', if patients need a stay in hospital, they are admitted quickly to the right bed to meet their clinical needs and when they are ready, they are discharged home without delay.**

At a system level we will work together to drive delivery of the plans set out in this document, managing risk and daily patient flow between all our partners through our System Co-ordination Centre. The System Co-ordination Centre is clinically and managerially led and will ensure a continuous focus on this plan so we can deliver the safest, most appropriate care we can over the winter months.

## 2.Context

The purpose of this winter plan is to demonstrate the Lincolnshire system approach to operational management of winter, detailing the specific pressures anticipated for our system and how we intend to mitigate them to ensure we deliver our vision for Urgent and Emergency Care across the county.

Urgent and Emergency Care is under significant pressure locally and nationally and we have faced one of the busiest summers ever with increasing numbers of attendances at our Emergency Departments and high levels of wider system demand within primary, community and mental health. As a result, we have been challenged in meeting our Urgent and Emergency vision and the associated performance metrics that measure success.

In addition to the expectations around Urgent and Emergency Care we also need to deliver our commitments in relation to cancer care, elective (those needing operations) and outpatient care, maternity and children's and young peoples care and mental health, learning disabilities and autism. These services are currently being delivered within the operational framework of regular Industrial Action that sees the focus on protecting Urgent and Emergency Care pathways, but resulting in significant disruption to other services meaning our population is waiting longer for planned interventions.

Winter 2023/24 is expected to bring additional demands with potential for high influenza and other infectious disease rates, alongside anticipated norovirus outbreaks and COVID 19. The Lincolnshire system has the following in place to support management of risks in relation to infectious diseases:

- ✓ **Arrangement with primary care out-of-hours provider to prescribe flu prophylaxis to those meeting the clinical requirements.**
- ✓ **COVID19 Medicines Delivery Unit (CMDU) moving to 7 day service for winter.**
- ✓ **Care Home Infection Prevention and Control (IPC) support including local outbreak management support, with dedicated Senior Health Protection Nurse for each setting.**
- ✓ **Integrated Health Protection approach and IPC collaborative in place.**
- ✓ **Integrated Care Board (ICB) engagement in all outbreak meetings across the system.**
- ✓ **Provider policies and processes to maintain safe services in line with the National IPC manual for England.**

As we continue to operate in a post-pandemic environment, there is an ongoing focus on protecting those in society who continue to be more at risk of severe COVID-19 infection or other infectious diseases. To achieve this, our planned and targeted vaccination programmes continue throughout the county. Delivering a sustainable COVID-19 vaccination programme is a key element of health protection and therefore we will continue to make

vaccination services accessible to all eligible groups. The Lincolnshire COVID-19 vaccination programme has been very successful in ensuring good uptake amongst our population and we continue to be one of the best performing systems both regionally and nationally.

Our Covid vaccination strategy includes:

- ✓ **Care home residents and staff to be prioritised early in the programme and vaccination offered by the 22<sup>nd</sup> October 2023**
- ✓ **Vaccination delivery through a combination of PCNs, community pharmacies and vaccination centres. There will be two fixed centres and one roving team to support care homes and housebound patients as well as providing access in areas with lower uptake.**
- ✓ **Ensuring we have a skilled and competent workforce to deliver the programmes safely**
- ✓ **Develop a coordinated vaccination programme that incorporates co-delivery of other vaccinations when possible and that Makes Every Contact Count (MECC) by incorporating appropriate health advice/screening in line with the NHS Core20PLUS5 approach.**
- ✓ **Provision of clinics for complex patients and at-risk children**
- ✓ **A robust staff vaccination plan, delivered via a hospital hub model, for both COVID and Influenza.**

Due to national monitoring of a new coronavirus strain, the Covid vaccination programme for 23/24 was brought forward and commenced on 11<sup>th</sup> September 2023. This is a precautionary measure that brings the Autumn 2023 covid vaccination programme in line with the influenza vaccination programme.

Uptake targets for Covid vaccination are 76% of all eligible cohorts and we expect to achieve or exceed this based upon previous performance.

The influenza vaccination programme started in September for adults aged over 65 and those identified as at risk and at the beginning of October for our eligible school aged children. All 82 practices will be offering influenza vaccines with some practices offering them alongside Covid vaccines.

### 3.Preparation for Winter 2023/24

Building on our learning from last winter, and the work undertaken throughout the year including our Urgent and Emergency Care Strategy and the Urgent and Emergency Care prioritisation work completed by all system partners, the following preparatory work and actions has been undertaken:

- ✓ **July: Attendance at Regional event to review learning from winter 2022/23 and indication of expectations for Winter 2024**
- ✓ **August: System Clinical Summit facilitated by the ICB Director of Nursing and Medical Director.**
- ✓ **August: System Winter Workshop to review the requirements of the NHS England winter letter 23/24 and determine and agree priority areas of focus for the winter plan.**
- ✓ **September: Development and submission of the Lincolnshire System responses to the NHS England key lines of enquiry (KLOEs) and revised demand and capacity assumptions.**
- ✓ **September: Development and submission of 5 business cases to the NHS England regional team to access non-recurrent funding to further support the winter period.**
- ✓ **September Regional winter event with early indications of national expectations.**

In July 2023, NHS England wrote to all Integrated Care Systems setting out the national approach to [deliver operational resilience across the NHS this winter](#), building on the Urgent and Emergency Care Service (UEC) Recovery Plan published in January 2023. The winter resilience letter set out four key areas of focus which include the delivery of 10 High Impact Interventions. Each system was required to undertake a maturity self-assessment against these ten interventions and plan to accelerate delivery ahead of the winter period. The Lincolnshire self-assessment was completed collectively by all system partners and demonstrated that while several interventions are already quite mature within the system, there were some that required significantly more development such as Acute Respiratory Hubs and the Single Point of Access.

This self-assessment was used as a basis for the development of our additional bids for non-recurrent winter monies during September 2023 in which we secured an additional 1.8million for the following developments:

- ✓ **Development of a health and care professional Single Point of Contact to help navigate admission avoidance pathways across the county.**
- ✓ **Additional Active Recovery Beds (dedicated care home beds with therapy input).**
- ✓ **Additional non-emergency transport to ensure no one is not discharged or taken to appointments due to transport issues.**
- ✓ **Bespoke same day access within Primary Care.**

Additional investments are detailed within section 5 of our winter plan.








## 4. Capacity & Demand Modelling

We have undertaken detailed modelling of capacity and demand to test whether services can manage the winter pressures effectively, minimise ambulance handover delays, and excessive delays in the Emergency Departments including waits for admissions. This year's challenge has been made more complex with the post-pandemic recovery, compounded by significant increase in walk-in demand and the uncertain landscape in relation to ongoing Industrial Action.

The modelling included revisiting the key metric assumptions from our 23/24 operational planning submission and rebasing them using the learning year to date. We will continue to refine and redefine our modelling work throughout the winter period considering:

- ✓ **Further Urgent and Emergency Care programme and winter initiatives as they come online and whether they are having the assumed level of impact.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ **Met Office forecasting for excessive cold weather periods, as a predictor of increased respiratory conditions resultant of cold weather**

The capacity and demand modelling suggests three key areas of focus for our system during winter which are critical in ensuring our urgent care system can manage the anticipated pressures:

- ✓ **Demand Management to reduce unnecessary use of the acute trusts (prehospital)**  
- ✓ **Best practice for in-hospital Flow (in hospital)**  
- ✓ **Continued delivery of the Discharge Requirements (post hospital)** 

All actions detailed later will be clearly embedded within one of these key areas of focus for consistency and impact.

### 4.1 Trends, Forecasts, and Impact of Respiratory Disease

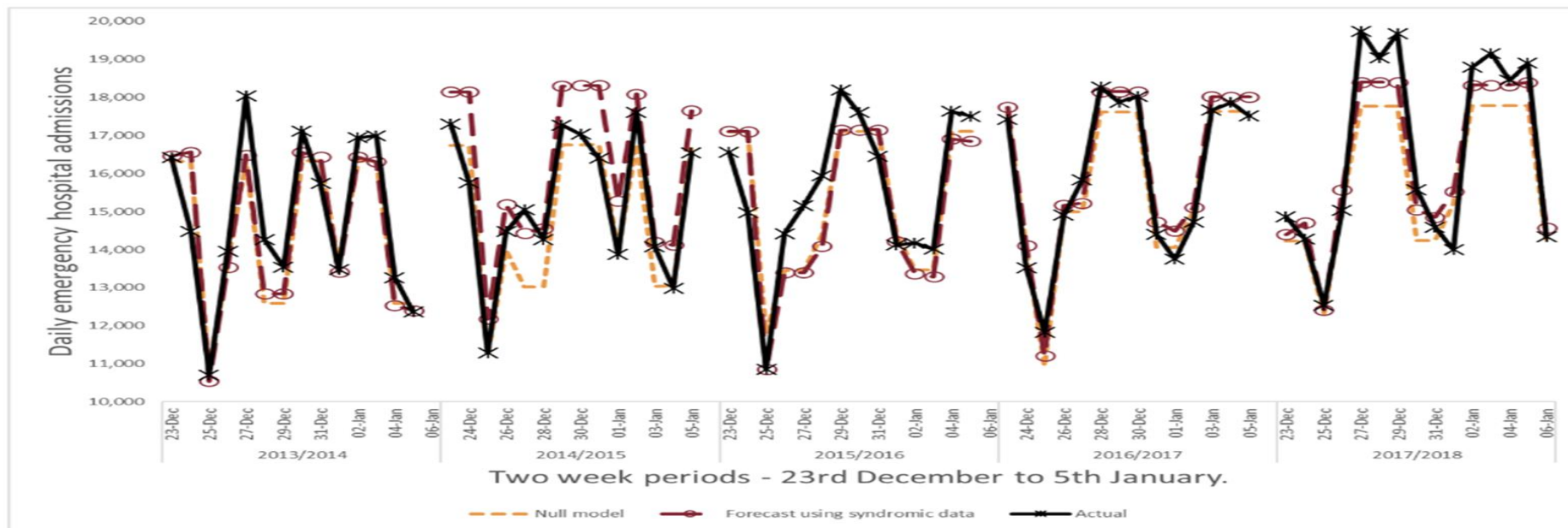
Predicting trends and peaks in demand during the winter period is essential to further mitigate risks and system pressures. As ever it is difficult to reliably determine what the winter 2023/24 period may look like through an Influenza, Covid and RSV lens, however early indications predict this winter is likely to be similar to last year from an infectious disease perspective. This means we are likely to see high rates of Influenza, Covid and RSV during late December and early January, particularly as a result of Christmas, New Year and schools returning in early January.

This correlates with trends from previous years prior to the pandemic as syndromic surveillance demonstrates as per the chart below. This articulates a peak in demand from 23<sup>rd</sup> December to 5<sup>th</sup> January each year, indicating the need for additional capacity to support patients during this period. This anticipated peak in demand is also reflected in the East Midlands Ambulance Service modelling (appendix 1) which shows the highest demand expected between 22nd December and 1<sup>st</sup> January.

#### Can syndromic surveillance help forecast winter hospital bed pressures in England?

Fig 2

Example forecast using GP consultations for upper respiratory tract infection compared to null forecast model with no syndromic data.

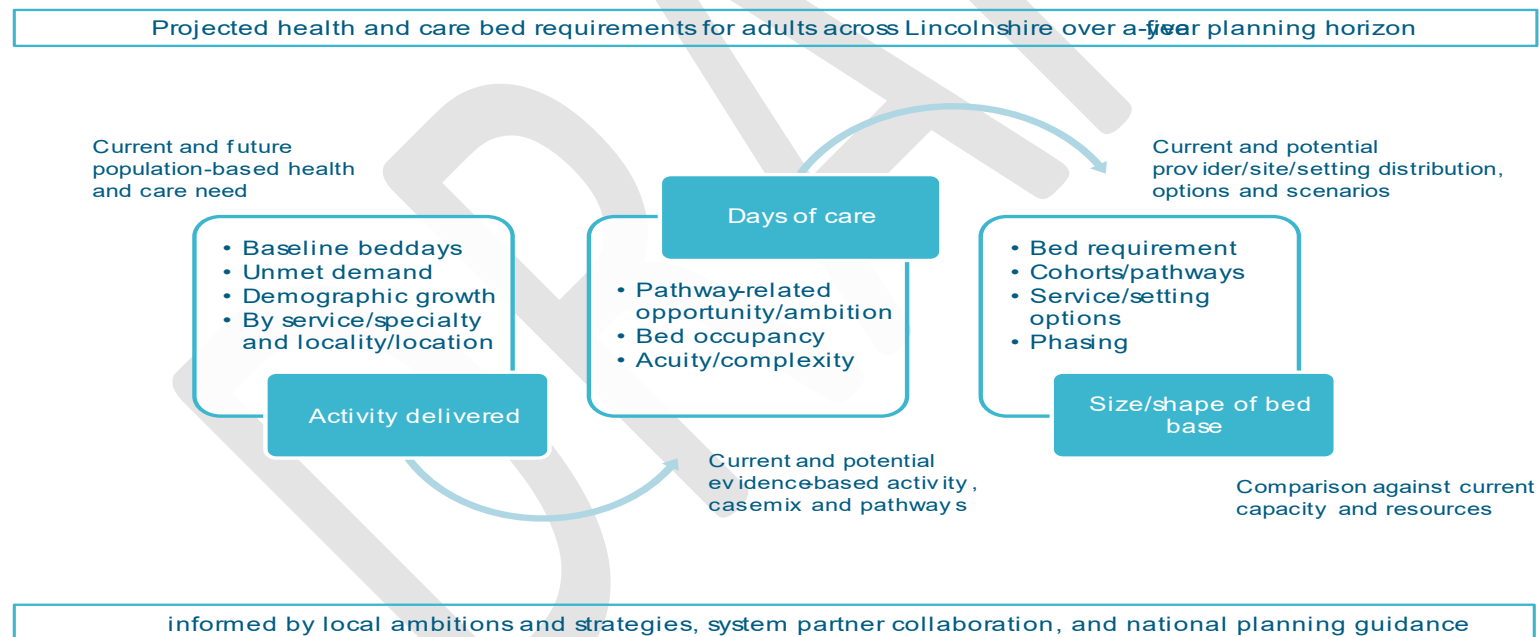


doi: <https://doi.org/10.1371/journal.pone.0228804.g002>

## 4.2 Bed Modelling

During 2023 the system embarked on an ambitious project to understand the adult bed requirement across the health and care system in Lincolnshire over a 5-year planning horizon. As can be seen in the diagram below this was a complex but necessary piece of work to ensure enough adult bedded health and social care capacity for the coming years. Inputs into this modelling were typically fluid but included baseline bed numbers pre pandemic and post pandemic, population projections across the county and at district level, throughput and utilisation assumptions looking at how improvements in length of stay or demand management could change the number of beds required as well as consideration of our ambition to provide care closer and within peoples own homes where safe to do so and seasonal variations. Broadly, this modelling demonstrates the need to slightly reduce the number of acute hospital beds whilst expanding the virtual ward capacity over the next 5 years. It confirms no specific need to immediately increase bed capacity throughout the winter period but rather concentrate on actions to increase community capacity and ensure a small increase in adult bed base to help cope with the expected peak in demand in late December / early January as detailed earlier.

### Bed modelling framework

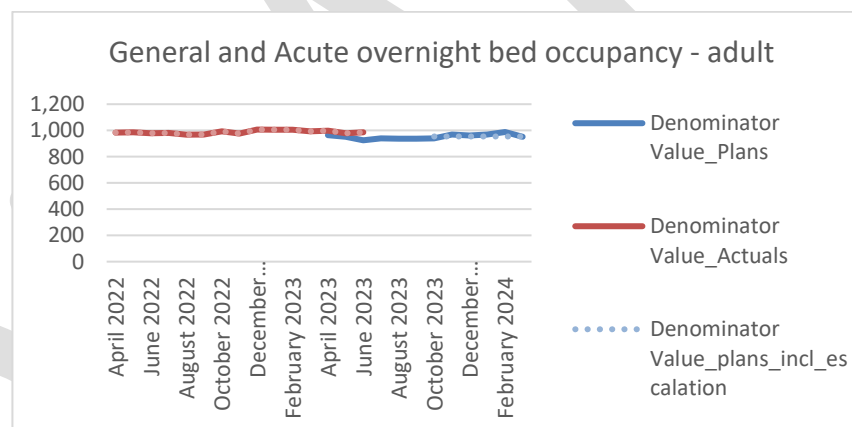


This work has been used to inform our current planning assumptions which also include our available estate, which is often limited due to the age and configurations of our NHS estate in Lincolnshire and our available workforce, as well as our assumptions in relation to elective care (operations and procedures that require an overnight stay) that must continue, and such beds protected during the winter period.

Our plan demonstrates that we require:

- ✓ **968 beds (936 adult and 32 paediatric) across Lincoln County Hospital, Pilgrim Hospital Boston & Grantham District Hospital**
- ✓ **An option to open 18 escalation beds during peak winter demand.**
- ✓ **Lincoln County Hospital and Pilgrim Hospital Boston to continue to initiate the continuous flow (+1) policy daily, enabling more patients to move through from the Emergency Department to reduce congestion and safeguard flow.**

The graph below demonstrates that we are slightly tracking above plan for bed occupancy which is being monitored closely through our governance groups for any necessary changes to the above plan to be considered.



From a community perspective and in addition we will also be mobilising the following to support our bed assumptions and anticipated demand:

- ✓ **Additional 30 Active Recovery Beds within care homes within Lincolnshire with wrap around therapy provision, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓ **10 complex behaviour beds to support those patients with nursing requirements.**
- ✓ **Additional 11 Community Hospital Escalation Beds to support peak winter demand.**

## 5. Winter Response and Initiatives

Throughout 2023/24, Lincolnshire has received an additional investment of 13.71 million to support key schemes and improvements that should improve outcomes and experience of Urgent and Emergency Care, this money is being utilised to fund some new schemes and support work that was previously underway to expedite its delivery. The 13.71 million is made up of:

- ✓ **9.9 million to support key schemes and improvements which was secured as part of operational planning which includes a continuation of funding of the non recurrent monies received during 22/23 of 6.08 million, this allowed us to continue with some schemes that demonstrated impact during winter rather than stopping them at the end of March 23.**
- ✓ **2.01 million for the development of frailty services across our county.**
- ✓ **1.8 million of non-recurrent winter monies for 23/24 based upon specific business cases as detailed earlier such as the development of our Health Care Professional Single Point of Contact.**

Through the work undertaken, as detailed in section 3, to prepare for Winter, a focused action plan has been developed which provides clarity on how the above money is being spent to ensure our residents can access high quality and timely physical and mental health and care during the winter period. This action plan has been structured across key settings including, care homes, primary and community care, hospital care and discharge and key enablers and is detailed in the following sections.

### 5.1 Specific Support for Care Homes



Keeping people well at home is a key strategic component of the Lincolnshire 'Home First' strategy and that includes people where a care home setting is their own home and usual place of residence. When those living in care homes become ill, staff should have swift access to health care support. In Lincolnshire the Clinical Assessment Service (CAS) has a dedicated service (CAS for care homes) available for care home staff where senior clinical advice can be accessed swiftly. This model has been in place for several years, but we will be taking the opportunity to ensure staff are reminded to use this rather than dialling 999 where appropriate. We have also invested in CAS this year with increased capacity and skill set that will further support care home staff and wider system professionals to support people without the need for inpatient care wherever appropriate and safe to do so. Digital telehealth has also been available across Lincolnshire for several years but during this winter period we will ensure that this strategy is maximised.

Specifically, our action plan to support care homes include:

- ✓ **Continued work with care homes to promote use of Clinical Assessment Service for care homes and utilisation of community response services such as Urgent Community Response, frailty virtual ward and mental health services.**
- ✓ **Digital Tele Health to be maximised where available to support conveyance avoidance.**
- ✓ **Care Home staff to be trained and confident in use of falls equipment.**
- ✓ **Maximise utilisation of the previously rolled out IV training to Nursing Homes.**
- ✓ **Care Homes should have access to specialist nursing support to care for terminal patients in their preferred place of care.**
- ✓ **Everyone in a care home to have a care plan in place and for those at the end of life a decision about their wishes documented.**

Each care home has an identified 'wrap around' PCN led Enhanced Health in Care Homes Team which undertakes weekly meetings with the care home and Multi-Disciplinary Team (MDT) discussion to proactively manage any identified patients for who there may be health concerns. Falls in care homes remains a priority and this year 80 care homes have received raiser lifting equipment from the ICB to assist with Falls Response. An overarching Policy has been agreed to assist with staff training, which is almost complete and will complement our bespoke commissioned falls service across our county.

In addition, we have an Urgent Care Mental Health community response in place also to support care homes to help prevent their residents being unnecessarily admitted to hospital. This is also available through the CAS for Care Homes model and additional support is also available through our Out of Hours community services to ensure care homes are fully equipped and supported to help residents stay out of hospital where clinically appropriate to do so.

## 5.2 Primary and Community Care

The expansion of community capacity and increase in utilisation of community services is key in delivering our ambition to reduce reliance on acute services. We know that increasing numbers of patients are accessing our Urgent Treatment Centres and demand across community services is growing. Wherever possible we need to work with wider system colleagues to ensure that wherever appropriate and safe to do so we are accessing alternatives to attendance and admission, supporting people in their own home or within community settings through:

- ✓ **Consistent Risk Stratification of patients to proactively identify and support those that are vulnerable and High Frequency Users by Care Co-ordinators within PCNs and neighbourhood teams.**
- ✓ **Implementation of Acute Respiratory Hubs to manage people within the community where clinically appropriate to do so with acute respiratory infections such as Influenza, Covid and RSV.**
- ✓ **Maximise utilisation of our 2-hour Urgent Community Response service and other community-based admission avoidance pathways.**
- ✓ **Implementation of a Frailty Assessment Unit within Lincolnshire.**
- ✓ **Maximise utilisation and capacity of Virtual Wards across Lincolnshire.**
- ✓ **Commissioning review of our Urgent Treatment Centres and Out of Hours Service to ensure current model is most clinically and cost effective through the lens of increasing demand.**
- ✓ **Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways.**
- ✓ **Extension to the hours of our LIVES falls service which now operates additional hours from 8pm – 2am and 6am – 8am, covering a 20-hour period rather than 12 hours.**
- ✓ **Increasing the availability of same day access to appointments within Primary Care.**



We heard clearly from our clinicians at our clinical summits that admission avoidance pathways need to be simplified, whilst we implemented a simpler system through our Directory of Services last winter our clinicians told us it was still too complex. As part of additional monies, we have been successful in a business case to introduce a Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways to help keep their patients out of hospital when clinically indicated to do so. We will evaluate this model following winter and if appropriate expand this further for wider reach.

A primary development to help people stay closer to their own home whilst receiving health and care was the introduction of the Virtual Ward model during 2022. We will continue to deliver on our commitment to further develop virtual wards, where patients can receive specialist led care within their homes. So far, we have launched virtual wards for cardiology, frailty, respiratory, complex neurology and general medicine equating to a plan of 145 acute beds, we are committed to this model of care and continue to explore ways we can continue to expand and enhance this service. A capacity of 172 beds is planned by March 24

For this Winter we have implemented Acute Respiratory Hubs in 3 locations across Lincolnshire that that will provide timely and appropriate care for service users with suspected acute respiratory infections. The key objectives of the Acute Respiratory Hubs being to provide same day access, treatment and advice as needed to service users and reduce pressure across the system by reducing demand for ambulance conveyance, GP appointments, Emergency Department attendances, and hospital admissions, for patients who can be appropriately managed in the community. The hubs have been sited where there is identified high demand for acute hospital attendances or admissions, or where there is high prevalence of COPD or Asthma.

**The Acute Respiratory Hubs using a ‘hub and spoke model’ are available in the following areas of Lincolnshire:**

- ✓ **Gainsborough & Lincoln**
- ✓ **Mablethorpe, Skegness & Louth**
- ✓ **Bourne, Deeping, Holbeach, Gosberton & Swineshead**

We are currently developing a new Frailty Assessment Centre which will be based at Grantham Hospital, this will consist of a 8 chair-based service where people can be referred as an out patient and receive specialist frailty assessment and intervention without being admitted to an acute hospital. We anticipate that this service will be operational by the end of October 2023. In addition, we are also developing an 8 bedded based service as part of the model so where patients require an overnight stay, they can be accommodated within the unit rather than transferring to an acute hospital bed, anticipate that this part of the centre will be fully operational prior to the Christmas and New Year period.



### 5.3 Hospital Care & Discharge

The initiatives funded in 2023/24 as either part of the UEC programme or the winter specific work include a range of schemes that will support the front door, hospital ward processes and discharge support. The front door initiatives aim to ensure that only those that require treatment in one of our Emergency Departments remain there, and those that can be cared for elsewhere are supported to do so. This includes care in our Urgent Treatment Centres, in the community, but also in other acute assessment areas, such as our Frailty Same Day Emergency Care service. Where patients are admitted to inpatient areas for care we will ensure that they are discharged in a timely way with the correct level of support and with full assessments taking place outside of the hospital setting.

In addition, we have also invested to:



- ✓ **Reduce the number of patients experiencing long waits in our Emergency Departments by ensuring our senior clinical decision makers are available at our front doors and re-invigorate 'Breaking the Cycle' to protect Non-Elective Flow.**
- ✓ **Maximise utilisation and impact of Clinical Navigators employed by East Midlands Ambulance Service, a scheme we introduced during last winter, to ensure people arriving on ambulances are directed to the most appropriate place within the hospital.**
- ✓ **Ensure dedicated space (rapid handover space) within our Emergency Departments are available so that in times of escalation people can still access hospital care and not be waiting on ambulances unnecessarily.**
- ✓ **Extend Frailty Same Day Emergency Care service to cover 7 days per week at Lincoln and Boston.**
- ✓ **Minimise delays for people being discharged from hospital across all pathways by expanding our Transfer of Care Hubs by increasing staff and hours of operation to respond to the growing requirements for additional support that patients need upon discharge from hospital.**
- ✓ **Increase the number of Active Recovery Beds by 30 within care homes with wrap around therapy provision and additional GP support, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓ **Implement 10 complex behaviour beds to support those patients with nursing requirements be discharged from hospital in a timely way.**
- ✓ **Secure additional non-emergency transport during winter months to ensure no discharges fail due to lack of transport capacity.**

During winter 2022/ 23 we implemented Active Recovery Beds within Lincolnshire, which received ministerial and national interest. During this winter we will be further expanding the number of Active Recovery Beds available within the county. The service supports a person to transfer to the most appropriate setting and will provide care led reablement that cannot be provided in a person's own home for a short period of time, The level of reablement service provided to each person during their stay will be based on a comprehensive care plan with input from the multi-disciplinary team.

The core principle of the service is to maximise an individual's independence and enable a person to resume living in their own home safely in a time-efficient manner. The active recovery beds are not intended for all hospital discharges. The purpose of these is to support those with complex needs requiring an integrated response and enable them to live at home independently with a reduced level of statutory services.

The service will also be accessible to those in the community where a short period of stay in a bed-based reablement setting would prevent an unnecessary admission into hospital. This means the service will also be available for use by the community services such as Adult Care Community Teams (including out of hours teams), the Falls Response Service and East Midlands Ambulance Service.



#### Aims of the Active Recovery Bed service are:

- ✓ **To improve outcomes for those who are medically fit and who, with a short period of intensive reablement in a bed-based setting, can return and remain in their own home safely, with a reduced package of care.**
- ✓ **To facilitate the timely discharge from acute care (e.g., from hospital for those who no longer require acute medical intervention) which should not be delayed by the requirement for a further period of assessment or an action to be taken to enable a return home.**
- ✓ **To improve outcomes for those who experience delays in discharge due to awaiting a community social care reablement service or a new homecare package. Ensuring that those people continue their recovery in a setting where reablement and support to return to a level of independence.**
- ✓ **To increase the prevention of unnecessary admissions (including readmissions) to hospital of people in crisis, who could safely be looked after elsewhere (e.g., in an Active Recovery Bed) and supported to be re-abled at home.**
- ✓ **Maximise Pathway 1 discharges from inpatient settings by increasing community capacity to support patients who, once medically optimised, require a short period of bed based reablement. The purpose of the reablement is to allow them to resume living at home safely in a time efficient manner and where possible with a reduced package of care.**
- ✓ **Reduce the length of hospital stays.**
- ✓ **Reduce the rate of readmission to acute settings.**

During 2022 ULHT implemented 'Breaking the Cycle' this is an approach consistently being implemented across England to move patients waiting beds to wards even if a bed space is not available. There will be a focus on re-invigorating this approach ahead of Winter 2023/24 to maintain patient safety and ensure that patients are cared for upon their specialist wards rather than often overcrowded Emergency Departments, improving patient outcomes and experience.

## 5.4 Mental Health

The implementation of the Mental Health Urgent Assessment Centre in Lincolnshire has been a great success and ensures that those patients with a mental health need only, do not need to attend our hospital Emergency Departments and instead they can attend a more appropriate environment which provides a better patient experience and improved outcomes. The service currently cares for adults but will move to an all-age model for winter 2023.

Patients in Lincolnshire will continue to be supported by robust crisis and home treatment teams and the planned integration of those services with NHS111 during the winter will further support people to access the right service in a timely way. Lincolnshire already has established 'crisis alternatives' in place, such as our Night Light Cafes which are safe spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also provide signposting advice and information on other organisations that may be able to help with specific needs, such as debt advice or emergency food parcels. There is a network of Voluntary, Community and Social Enterprise (VCSE) services in operation across the county which have been purposefully targeted at areas of deprivation and those with the greatest need.

Two crisis response vehicles are in operation across our county to respond to those with urgent mental health needs alongside a trained nurse who is based within the Police Control Room to support any calls and required response to 999.

We also invest significantly in our VCSE over the winter period by creating warm spaces within our wellbeing hubs, allowing our community connectors to establish targeted additional capacity in the form of initiatives to support people over the winter period, alongside additional capacity in some of our wider mental health and wellbeing VCSE projects which provide activities tackling suicide prevention, social isolation, befriending or other wellbeing support.

Key activities to increase resilience of the winter period include:

- ✓ **Expanding the Mental Urgent Health Assessment Centre (MHUAC) to provide an all-age service (including CYP).**
- ✓ **Embedding the additional CYP workers in the Mental Health Liaison Teams.**
- ✓ **Increasing CAMHS capacity to meet rising demand.**
- ✓ **Reopening the male PICU (planned for end of November).**
- ✓ **Employing dedicated staff to run the CVR and PCR functions.**
- ✓ **Expanding alternatives to specialist crisis services, including the expansion of crisis cafes across the county.**
- ✓ **Expansion of VCSE support to create warm spaces within our wellbeing hubs.**
- ✓ **Online resource to help people to navigate support and training - [www.haylincolnshire.co.uk](http://www.haylincolnshire.co.uk)**
- ✓ **Expand the Mental Urgent Health Assessment Centre (MHUAC) offer to all ages.**
- ✓ **Integrate Mental Health Support with NHS111 and supplement the local mental health helpline.**
- ✓ **Mental health UEC champions to raise awareness, provide visibility and interface with system partners.**

## 5. System Co-ordination Centre

System Co-ordination Centres (SCC) were introduced across England in 2022 to ensure the safest highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services.

The Lincolnshire SCC ensures that there is robust oversight of all system pressures and is operational 8am – 8pm, 7 days per week, reporting to the ICB Deputy Director for System Delivery with escalation to the Director for System Delivery and Senior Responsible Officer for Urgent and Emergency Care.

After 8pm a full operational handover to ICB Strategic and Tactical on call ensures that there is full visibility of pressures and risk going into the overnight period. On-call commanders in the ICB attend provider escalation calls throughout the overnight period as required for support in addition to usual escalation processes.

The Lincolnshire SCC lead on monitoring demand, capacity and pressure within the system as follows:

- ✓ **Daily system calls 0930 and 1300hrs – early warnings of current and potential issues that are logged and actions raised for that day.**
- ✓ **Level of escalation for each provider discussed on system calls – reasons for level and how we can work as a system to de-escalate where necessary.**
- ✓ **Extra system calls added if continued high demand.**
- ✓ **Attendance at Regional Reporting and Escalation Call at 10am each day**
- ✓ **Continued monitoring of demand using a range of digital options and dashboards including but not limited to SHREWD Resilience dashboard and East Midlands Ambulance Service arrivals screen to pre-empt any delays.**
- ✓ **Transport issues being flagged on the system calls to pre-empt any discharge delays due to transport.**

In addition to the operational management of the system the SCC also have dedicated staff to help rapidly diagnose issues, complete lessons learnt through rapid cycles of improvement, this is a fundamental element of the SCC as we strive to improve our performance across the county and ensure our patients receive timely access to urgent and emergency care.

## 6. Workforce

We are considering workforce through two lenses as part of the winter planning, firstly how our workforce feel, particularly when under pressure and making sure they have the right support to remain well and in work and secondly how we will move our workforce around where needed if critical services are understaffed. This is particularly a risk in relation to the current Industrial Action across some professional groups, but mainly within Lincolnshire, impacting our medical workforce predominately but we are aware we are asking people to work differently and for sustained periods to help keep patients safe, which may increase stress and anxiety.

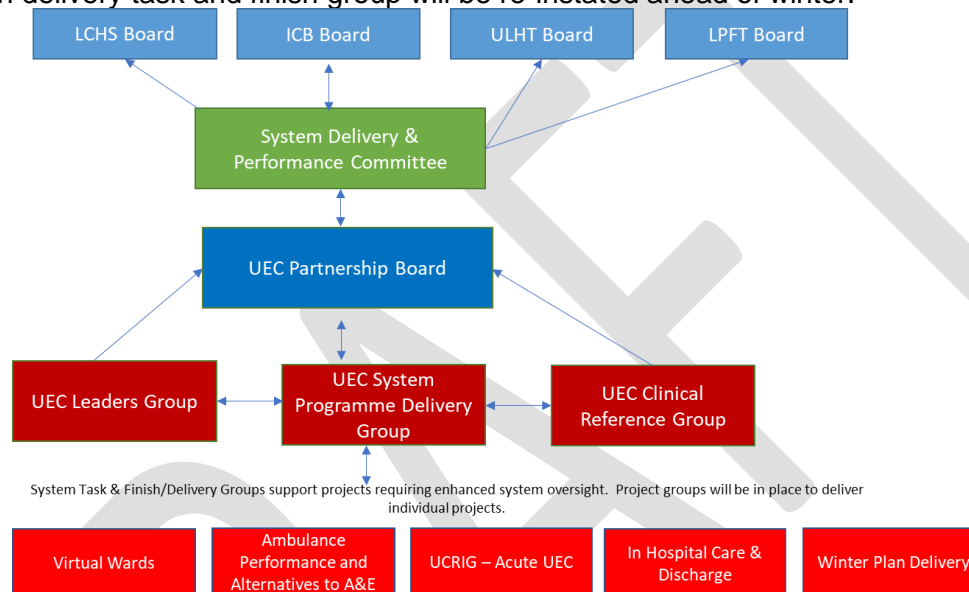
Keeping our staff well this Winter is part of supporting residents and patients across the system. All organisations are putting a strong emphasis on the importance of having wellbeing conversations with team members to support their physical and mental health and signposting them to our collection of services across the system where necessary. We are providing the following support to our people:

- ✓ **Leadership development of managers to ensure that they are having the right conversations with their teams and signposting appropriately.**
- ✓ **Flu vaccination will be made available to all eligible staff via our Hospital Hubs, via GP, or Pharmacy**
- ✓ **COVID vaccinations to front line teams across the system.**
- ✓ **Continuing to operate a hybrid way of working which includes, for those that can, a mixture of working from home and office based.**
- ✓ **Our system Wellbeing Hubs, provided by our Mental Health Trust have a range of support from financial wellbeing to mental health support and ideas for physical activity.**
- ✓ **Each organisation has an Employee Assistance offer which staff can access as well as Occupational Health.**
- ✓ **We have a number of cultural ambassadors, Mental Health First Aiders and Mentors across the system who are all offering their support for one-to-one conversations where needed.**

We have a Memorandum of Understanding in place across the Lincolnshire health and care system which allows the sharing of workforce across individual organisations. This was used successfully within the Covid pandemic and would be utilised again to mitigate against any potential escalation in demand or shortage of workforce.

## 7. Governance and Escalation

The ICS Urgent and Emergency Care Partnership Board (UECPB) has strategic responsibility for overseeing the development and mobilisation of robust winter capacity and resilience plans. To ensure adequate governance controls are in place we have reviewed the governance structure in readiness for winter, and the winter plan delivery task and finish group will be re-instated ahead of winter.



While our UECPB meets monthly, the UEC leaders group and the UEC clinical reference group meet weekly, providing strategic and clinical leadership and guidance whilst maintaining oversight of system pressures and risk. The Lincolnshire system-wide escalation management plan which sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual is in place. This will be reviewed on release of the updated national action cards, and ahead of winter. Formal trigger points are set out in the plan with agreed actions that each partner within the system must take to maintain patient safety, quality of care and expedite patient flow in a proactive as well as a reactive way. There are four levels of escalation:

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
PLANNED OPERATIONAL WORKING	MODERATE PRESSURE	SEVERE PRESSURE	EXTREME PRESSURE

This escalation plan sets out the procedures across the ICS to collectively and safely manage day to day demand and any significant surges by having a clear escalation and de-escalation plan where every system partner knows what they should be doing and when, taking responsibility for their individual and organisational actions and contributing to a shared risk management approach across the system.

## 8. Risk Management

The System Urgent and Emergency Care programme maintains a risk register which will be routinely reviewed as part of programme delivery but also in the context of winter, the Urgent and Emergency Care Leaders Group will have ownership of the risks in relation to this plan.

As this plan articulates there are a number of unknown variables at this point in time that are likely to be influential on the success of our winter plan and the ability of the system to deliver safe and effective care during the winter period. These include:

- ✓ **Measuring impact of the Urgent and Emergency Care programme and winter initiatives and whether the outcomes of each scheme deliver the assumed improvement.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ **Met Office forecasting for excessive cold weather periods, in relation to the severity of the winter, as a predictor of increased respiratory conditions resultant of cold weather**

As a result, the overarching risk is:

***'As a result of demand exceeding capacity and despite all the additional investment and service developments detailed within this plan, we may still be unable to mitigate against all risks, previously outlined, to ensure our patients receive safe, timely and accessible care'.***



## 9. Communication

Our Lincolnshire system communications and engagement approach this year has two prime approaches. Firstly, our core approach:

- ✓ **Support the Urgent and Emergency Care services and promote this to all audiences across the whole of Lincolnshire including all partner organisations.**
- ✓ **Look at the business-as-usual demands and include the promotion of national campaigns such as choose well, NHS 111 online, self-care and Waitless.**
- ✓ **Develop internal and external communications support for key operational initiatives across the System this winter.**

Secondly, we will develop a behavioural change/social marketing campaign which is driven by data, to target in a focused and trackable way, people who are using Urgent and Emergency Care services inappropriately and offer them alternatives. This will be in addition to the broader approach as detailed in our first section, to generate maximum impact and return. We will target based on:

- ✓ Highest inappropriate self presenters(demographics).
- ✓ Geographical areas in which most inappropriate self-presenters reside.
- ✓ GP practices to which most inappropriate self-presenters are registered.
- ✓ Conditions/ complaints which most inappropriate self-presenters report.

Working with our informatics and population health management team we are building a picture of the above cohorts, including behavioural characteristics to focus what and how we inform them of alternatives, and where and when we place our messages. We will also develop creative (linked to the prime national campaigns) to increase interest.

Examples of some of the planned activities in support of both elements described above include:

- ✓ **Develop a visual campaign to engage with each of the target audiences and conditions which have been identified through the data.**
- ✓ **Development of bespoke social media assets targeting the conditions presenting mostly which can be treated in other settings.**
- ✓ **Develop a range of short videos using health professionals to educate and help change the behaviour of the frequent attenders.**
- ✓ **Use paid for targeted leaflet drops in the areas directly around our Emergency Departments and Urgent Treatment Centres.**
- ✓ **Use paid for social media in times of increased pressure/activity.**
- ✓ **Develop printed materials to be circulated to holiday camps such as Butlins which operates year-round.**
- ✓ **Have materials available in a range of languages to engage with the population for whom English is not their first language.**
- ✓ **Identify champions within the system to act as advocates for the campaign.**



In times of escalation, we will apply our pre-agreed guidelines and discharge appropriate communications as outlined below:

<b>Operational Pressures Escalation Levels</b>	
OPEL 1	<ul style="list-style-type: none"> <li>• Promotion of the range of services that are available</li> <li>• Promotion of WaitLess</li> <li>• Messaging posted on social media every 2/3 days</li> </ul>
OPEL 2	<ul style="list-style-type: none"> <li>• Promote self-care</li> <li>• Promote NHS 111 online and NHS 111</li> <li>• Promote Use your Pharmacy</li> <li>• Promotion of WaitLess</li> <li>• Messaging posted on social media every 2 days</li> </ul>
OPEL 3	<p>Increased promotion of all level 2 actions and including the below:</p> <ul style="list-style-type: none"> <li>• Accessing services locally</li> <li>• Discharge Messaging – internally and externally</li> <li>• Messaging posted on social media every day</li> </ul>
OPEL 4	<p>Increased promotion of all previous messaging and including:</p> <ul style="list-style-type: none"> <li>• Messaging around how busy services are and to use alternatives</li> <li>• Call for staffing support internally across the system</li> <li>• Internal messaging with social care</li> <li>• Will use specific paid for targeted social media activity</li> <li>• Use Next Door to get messaging out</li> <li>• Use LRF colleagues to increase message spread</li> <li>• Prioritise social media messaging across the system</li> <li>• Offer proactive/reactive media interviews</li> <li>• Messaging posted on social media four times a day</li> </ul>

## 10. Conclusion & Evaluation

The Winter Plan will be monitored via our governance routes and operationally, daily, through the System Co-ordination Centre activities and specifically via:

- ✓ **System oversight through the Urgent and Emergency Care Partnership Board and associated sub governance groups**
- ✓ **Fortnightly monitoring of the Winter Plan initiatives via the Urgent and Emergency Care Leaders Group, with escalation where required.**
- ✓ **Ongoing monitoring of Demand and Capacity to understand performance and delivery over the winter period and the impact of existing, planned and any further initiatives and change.**
- ✓ **Robust capacity and demand modelling, revisited on a routine basis.**
- ✓ **Urgent and Emergency Care Partnership Board review of the Urgent and Emergency Care programme dashboard monthly.**

This winter plan sets out the starting point for the management of winter 2023/24 in Lincolnshire across the health and care system. We acknowledge that our assumptions around demand and the impact of the planned initiatives may not be completely accurate, but we will ensure ongoing review of demand, capacity, and impact of interventions.

We will utilise all available resource to ensure that we are delivering safe and accessible services to our patients and that we improve their experience and outcomes. The Urgent and Emergency Care programme governance will ensure that there is robust oversight of the delivery of this plan, with both strategic and clinical leadership as guidance. We will review the plan early next year to ensure we can identify the learning and impact.

## Appendix One Predicted EMAS Demand

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11
	117	134	128	117	118	123	136	114	134	132	107	118	131	121	127	144	130	118	139	133	121	136	109	127	99	117	113	109	100	128
2021/2022 Hospital Activity	113	138	140	128	142	144	123	125	140	139	129	134	132	128	147	127	127	124	137	124	127	125	128	138	119	127	134	130	127	112
Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12
	109	117	107	114	119	105	118	102	109	122	116	124	107	101	110	100	85	96	100	87	112	136	109	110	107	105	73	111	89	99
2021/2022 Hospital Activity	118	121	108	121	128	135	138	132	119	125	129	112	128	135	117	126	129	139	148	156	134	132	111	120	134	137	137	118	139	141
Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
	01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	13/01	14/01	15/01	16/01	17/01	18/01	19/01	20/01	21/01	22/01	23/01	24/01	25/01	26/01	27/01	28/01	29/01	30/01
	97	105	100	108	99	112	109	120	104	74	114	106	112	105	106	119	109	120	121	118	120	106	121	112	124	115	120	110	124	107
2021/2022 Hospital Activity	116	123	129	125	132	104	129	130	126	132	122	138	117	125	136	129	125	122	125	119	137	134	126	150	122	127	127	121	139	126
Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	
	01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02	14/02	15/02	16/02	17/02	18/02	19/02	20/02	21/02	22/02	23/02	24/02	25/02	26/02	27/02	28/02	29/02	
	119	119	105	125	98	119	113	132	109	125	114	103	96	114	119	131	118	105	92	100	125	117	119	108	119	119	125	111	124	
2021/2022 Hospital Activity	138	118	113	132	120	140	134	134	128	118	115	122	122	142	112	122	117	126	126	110	121	129	136	125	124	148	115	115	125	
Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	13/03	14/03	15/03	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03	26/03	27/03	28/03	29/03	30/03
	135	108	112	109	120	110	104	126	109	113	120	121	128	109	129	110	122	114	106	115	123	114	112	112	111	106	106	112	116	122
2021/2022 Hospital Activity	116	112	127	142	126	141	125	125	119	108	127	125	117	120	116	110	117	104	120	116	130	114	106	113	110	84	105	129	114	107

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