


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Winter Planning

Summary:

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

Actions Required:

Members of the Health Overview and Scrutiny Committee are asked to consider the approach to preparing for winter pressures and comment as necessary.

1. Background

There is a national recognition of increased demand on urgent and emergency services across the winter months which officially run from November to March. The winter months can represent the most challenging time for the local health and care systems and the additional pressures can result in poor outcomes for people if they experience longer waits for urgent and emergency care services; cancelled operations or delays in being discharged from hospital.

Building system resilience can help overcome potential difficulties and, although winter presents particular challenges it is imperative to build resilience throughout the year.

It is essential that a “whole system” approach is taken in anticipating how and where 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.

1.1 National context

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

1.2 Local context

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

The Lincolnshire Emergency Planning Team involves and supports the system throughout the year but particularly over the winter period, sharing their expertise particularly in relation to “command and control” management and frameworks to ensure there are clear lines of responsibility and clarity of role.

Currently the whole health and social care system is running “hot” with the usual expected easing of pressures during summer no longer being experienced. Acute sector escalation beds have remained largely open all year rather than as originally planned, for winter only. There is national and local concern that any extra demand into the system will cause issues during winter in a system struggling to manage what has now become “business as usual”. However, we know there is a marked growth in the need for urgent and emergency services across the winter months (November- March), which increases pressure on already struggling resources. A&E performance across Lincolnshire is below the national standard with Lincoln County and Boston Pilgrim consistently underperforming against the 95% 4 hour target.

The Lincolnshire 2016/17 Winter Plan was produced by the Urgent Care Team with contributions from partners across the health and care community. It was reviewed by key partner organisations to ensure robustness and was compiled using previous proven approaches.

The plan 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 are well behind plan such as the implementation of the SAFER bundle and development of the Frailty Pathway and further remedial action is required.

2. Assurance of the Plan

It is an expectation of NHS England and NHS Improvement that a robust system wide plan is in place for each winter. The A&E Delivery Board must have assurance that all commissioners and providers' plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years.

The Winter Plan has been assured by Regulators, NHS England and NHS Improvement and was signed off by the Lincolnshire A&E Delivery Board on 10 October 2016.

2.1 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.

2.2 Surge and Escalation and Winter Plan

Both the Surge and Escalation plan and the Winter Plan have recently been updated. Unlike in previous years, at the time of writing there has been no central government funding for winter pressures. Investment in the system has been agreed through the System Resilience Group (now the A&E Delivery Board) with funding decisions made upon consensus and evaluation of effectiveness of previous

schemes and in setting the A&E trajectory. The investments are broadly focussed on admission avoidance and timely discharge and include investments in organisations including the voluntary sector.

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.

2.2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold Weather Alert Service. The Service starts on 1 November 2016 and runs until the end of March 2017. Each member of the A&E Delivery Board has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas and the local system have developed a local cold weather plan based on National guidance.

2.2.2 Lincolnshire Surge and Escalation Plan

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the

system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2016/17, and includes the following elements:

- (a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.
- (b) A new A&E Delivery Board Dashboard - supported by Arden and GEM CSU will provide the A&E Delivery Board with urgent and emergency care performance indicators, KPI's are shown against plan trajectories and national standards.
- (c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan.
- (d) Developing plans with Local Medical Council and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support winter.
- (e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.
- (f) A view on predicting and mitigating the impact of our winter actions on planned care. The A&E Delivery Board will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity.
- (g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

2.2.4 Seasonally related illness

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

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

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

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

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

2.2.5 Flu Prevention

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

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

In addition, the A&E Delivery Board will be seeking assurance that procedures are in place within community service providers (Lincolnshire County Council, Lincolnshire Community Health Service) 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.

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

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

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

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

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

Neighbourhood Teams (NTs) are aligning themselves to be able to receive appropriate referrals from GPs, Clinical Assessment Service and Contact Centre. Referrals will be directed to Care Liaison Officers (CLO) for each of the neighbourhood teams during weekdays (9am to 5pm). Referrals via this pathway would usually require a multidisciplinary NTs service provision. Single discipline referrals will be directed via the current direct route to enable quicker response.

3.0 Maximising capacity

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

Additional Primary Care Capacity

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 2016 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 Saturday 26th December and 2nd January.

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

Planned Care Activity over winter

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

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

There are a number of projects that require delivery from across the A&E Delivery Board partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. There are discharge hubs in two of the acute hospital sites, Pilgrim Hospital Boston and Lincoln County Hospital, where multi-agency community teams actively ‘pull’ people out of hospital. There is a discharge team in place at Grantham District Hospital.

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

Local Authority Plans

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

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the A&E Delivery Board Winter Planning and Out of Hospital Groups and participates in teleconferences as required.

Mental Health

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

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

Acute Services

As demand rises, the challenge to improve and sustain performance in 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.

In order to mitigate this risk, funding was agreed to support a number of schemes to address some of the challenges within urgent care.

These include:

- £1million to support additional nurses within emergency departments to more readily meet the levels of demand and enable a new structure to be implemented
- £2.5million to support an expansion of the acute bed base
- £300,000 to support a programme of work to reduce length of stay by at least 10% and up to 20%
- Additional medical posts to support urgent care

A major challenge at ULHT is bed capacity. The Trust has a plan to establish a number of the existing escalation beds on the Lincoln and Pilgrim sites and increase core bed stock. At Lincoln this would involve establishing an additional 27 bed ward. This ward would be used for step down patients and would have the benefit of allowing capacity to re-launch the Short Stay Pathways on the Medical Admissions Unit.

For Pilgrim the initial plan to bring additional wards into use was considered not deliverable due to the staffing constraints faced. To mitigate this several changes are being implemented. Firstly the medical clinic taking place on ward 8A is being moved to vacant accommodation on 8B. Programmes to improve front door streaming will be put in place and a new IT system is being rolled out. This system will manage patient admissions by task ensuring timely action planning and resulting in decreased length of stay. The aim to reduce bed occupancy by 10% would release in the region of 30 beds by January 2017.

Other Acute Schemes

- **7 day Pharmacy** –This will commence from November with a business case being developed to make this service recurrent, all year round.
- **7 day Therapies** – Commencing from 1st November is anticipated based on data from last year that this would improve A&E performance by 0.27%.
- **A&E Internal Efficiency** –The anticipated effect of these schemes would be an improvement in A&E performance of 0.48%.
- **SAFER Bundle** – By improving the adherence to SAFER a phased improvement in A&E performance was set from 0.18% rising to 0.27% in July and 0.36% from October however this programme has yet to be implemented across the acute sites.
- **Increase in A&E Medical Staff** – to improve performance in A&E additional medical staff will be in place at Pilgrim throughout winter. An additional medical consultant and middle grade from the 1st November and a surgical middle grade from December bringing about an improvement in performance of 1.93%.
- **Increase Nurse Minors** – to help with the minors stream it is planned to have an additional nurse minors stream at Lincoln from 08:00 until midnight from 1st December, bringing a 0.5% improvement in performance.

Community Schemes

Ahead of the winter period work has been carried out and continues within the A&E Delivery Board to reduce delayed transfers of care and avoid unnecessary admissions to hospital. DTOC has seen a consistent improvement in performance throughout 2016/17 and is on track to deliver against trajectory.

Community schemes funded via the A&E Delivery Board include:

- **Rapid Response** – support for people to keep them at home and prevent admissions.
- **Discharge Hubs** – Improvements in the hub from community services are reportedly going to improve capacity in the trust by reducing occupancy by an additional 10.3 beds above the current estimated 2.2.
- **Transitional Care** – New models of working with transitional care include improvements in the community hospitals to reduce their length of stay, reducing delayed transfers of care and increasing bed occupancy to 85% from July and 90% from October. Anticipated effect of this was a 2.6 bed reduction per month rising to 4.9 beds from October.
- **Trusted Assessor** – in partnership with LCC the “trusted assessor” role is in place. The plan is to improve the role such that it increases incrementally in its effectiveness reducing bed requirements by 3.2 beds per month to 5.2.
- **Support at Home (HART)** – a further admission avoidance scheme to support patients in their own home. Projected admission avoidance would reduce bed requirements by 3.4 beds per month from July to September and 4.8 from October.
- **Lincolnshire County Council Reablement Service** – Capacity will be increased further from October and the community estimate this will reduce the trusts bed requirement from the current reduction of 6.67 down to 8.33.
- **Clinical Assessment Service** – the Clinical Assessment Service is a telephone triage direct from clinicians which, it is stated, will reduce Green 3&4 calls and see a 50% reduction in 111 A&E dispositions.

4.0 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.

The following table provides an example of the high level risks across the system in delivering system resilience and mitigating actions.

Risk	Mitigation
There is a risk of not maintaining system resilience due to increased demand, acuity of patients, workforce capacity and capability over 7 days	The development and implementation of robust multiagency structures, processes and services to manage patients through the system to ensure they are in the

Risk	Mitigation
resulting in failure to meet constitutional standards, deliver improved outcomes for patients & reputational impact for system partners.	most appropriate place to meet both their medical and social needs.
There is a risk organisations are unable to secure and align workforce capacity and skills to meet the local demand for their services resulting in adverse impacts on system resilience across the footprint.	Transformation work to address the main issues to drive a reconfiguration of workforce to align with both national and local priorities across the system. Create a shared workforce culture built on common values and more staff able to work flexibly across the system
There is a risk that financial challenges across the health and social care system may have an adverse impact on systems resilience across the Delivery Board footprint.	Further work required to improve alignment and to gain shared understanding of additional capacity and intended impact/benefits of all funding sources that contribute to improving systems resilience e.g. routine contractual, transformational schemes, Better Care Fund and Delivery Board funded schemes etc.

4. Conclusion

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

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

5. Consultation

This is not a direct consultation item.

This report was written by Ruth Cumbers, Urgent Care Programme Director who can be contacted on 01522 513355 ext. 5424 or via email

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