

**Open Report on behalf of Glen Garrod
Executive Director Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	9 October 2019
Subject:	Lincolnshire County Council Adult Care Winter Plan

Summary:

To support the Health and Care system Winter Plan for 2019/20 Lincolnshire County Council will continue to work with health providers and commissioners to develop the high impact change model. The County Council will work with our reablement and home care providers to increase capacity across the county in line with demand.

In October 2018 the Secretary of State for Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help Councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. This funding has been agreed for 2019/20 and Lincolnshire County Council has worked closely with system partners to plan for this coming winter.

This Report will contribute to the Adult Social Care element of the Lincolnshire Health and Care System Winter Plan 2019/20 and will be signed off by the Health and Wellbeing Board in the coming weeks. A winter review will be undertaken in 2020 and submitted for scrutiny once completed.

Actions Required:

The Scrutiny Committee is requested to note the approach to winter pressures as set out in this report and offer its comments.

1. Early Discharge Planning

We will work with our colleagues across the system to encourage and support early discharge notification and ensure that the discharge planning is not a linear process. Discharge planning commences as soon as we are aware a person requires Adult Care assessment /advice / support for discharge.

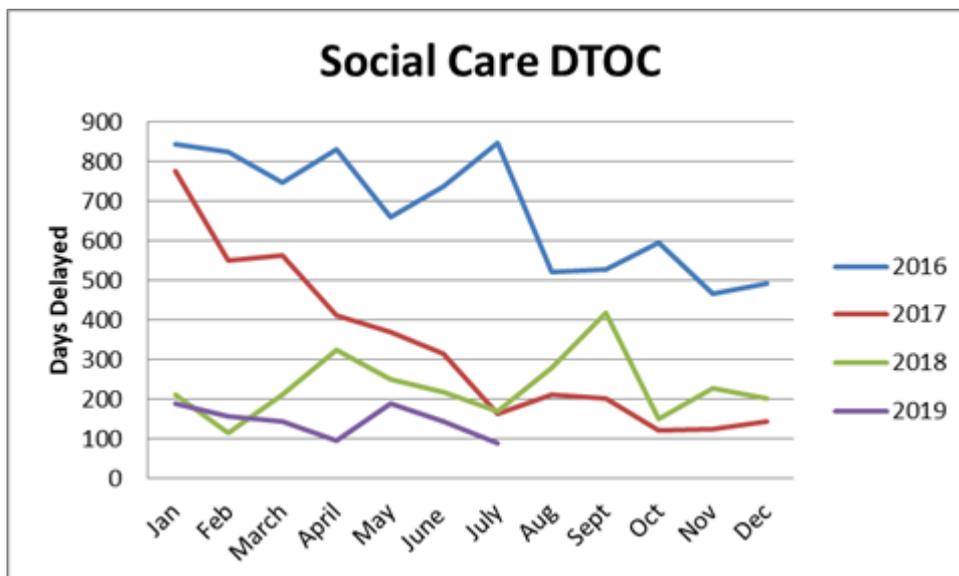
2. Systems to Monitor Patient Flow

There is a high level of contact with United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Community Health Services NHS Trust (LCHS), Lincolnshire Partnership NHS Foundation Trust (LPFT), clinical commissioning groups and external partners to monitor patient flow, both internal to Lincolnshire and around our border trusts.

Lincolnshire County Council also support North West Anglia NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust and has staff either based on site or assigned to these Hospitals. This ensures that the people from Lincolnshire receive the same level of responsive support as people in Lincolnshire Hospitals. Adult Care also work closely with LCHS staff in the community hospitals, ensuring that the flow through the community hospitals receives the same level of priority as acute hospitals.

Social Care staff are also designated to work with LPFT as the acute mental health trust, , to ensure discharges are timely as well as providing the same level of support as we do in the other acute trusts.

Timely progress is made for each person being discharged with Adult Care support. A patient tracker which lists all Medically Fit for Discharge (MFFD) patients is updated by Adult Care several times a day with discharge planning details and shared with ULHT and LCHS. This way of working has yielded significant results, as since its inception in 2017, there has been a significant reduction in delays to Social Care as shown by the graph below:



During winter, acute trusts tend to see an increase in hospital attendances and unplanned admissions with more people being admitted through A&E, ambulance conveyance, and GP admissions. Adult Care will support the 'front door' of acute trusts to ensure people are not admitted unnecessarily to Hospital by liaising with the Integrated Neighbourhood Teams to 'wrap care around' individuals to support them in their own home.

The Lincolnshire System Resilience Group will lead on system-wide year round demand and capacity planning. This is to ensure decisions are made regarding escalation and the deployment of any operational resources to support the smooth running of the urgent and emergency care system in Lincolnshire. The Group will meet on a monthly basis with an increase to weekly meetings in times of system escalation.

3. Multi-Disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector

Social Care officers will continue to jointly lead the multi-agency discharge hubs ensuring an integrated assessment for each person leading to an agreed discharge pathway. Any complex cases will be discussed to ensure that a timely solution is found and the patient is discharged in a safe way. This planning will happen in conjunction with and parallel to any treatment plans.

There are home care and care home trusted assessors in place to support the acute trusts. These are funded on an on-going basis through the Better Care Funding (BCF) and additional winter monies. The HART (Hospital Avoidance Response Team) assist Lincolnshire County hospitals in avoiding unnecessary hospital admissions and delayed hospital discharges. This is to help reduce attendance at A&E, emergency admissions, protracted hospital stays, other delayed transfers of care and at the same time enable people to regain and retain independence. This Scheme receives additional winter funding to enable them to increase their capacity over the winter period.

Community care nurse specialists from St Barnabas have been commissioned from winter monies. Their focus is to support people and their families with end of life needs. They will link in with the emerging Neighbourhood Teams to support with advanced planning. This will aim to prevent unnecessary hospital readmission and support people to remain safely in their communities.

4. Home First / Discharge to Assess

The 'Home First' principle and 'Discharge to Assess' models are followed when planning discharges and supporting people to return home. These ensure the maximisation of reablement capacity. The aim and focus of this pathway is to promote and maximise people's independence as close to home as possible. Service capacity will be flexed where possible to meet demand and alternatives explored in a timely way to ensure effective patient

flow. Libertas will work in collaboration with LCHS and system partners to provide reablement in people's homes to facilitate discharges and avoid hospital admissions. They will also work with community bed-based rehabilitation pathways to maximise the provision of the right services to the right people.

There is close working with community health providers to support the transitional care pathways, ensuring early safe discharges. Hospital wards are able to restart simple and existing packages of care direct with Providers if there is no change in needs. This is to speed up the discharge process and ensure people are not spending longer than is needed in acute hospital services.

Adult Care and Community Wellbeing (AC&CW) may provide alternative interim placements in care homes if home care support is unavailable. This is dependent upon each person's individual circumstances and needs at the time of discharge.

5. Seven Day Services

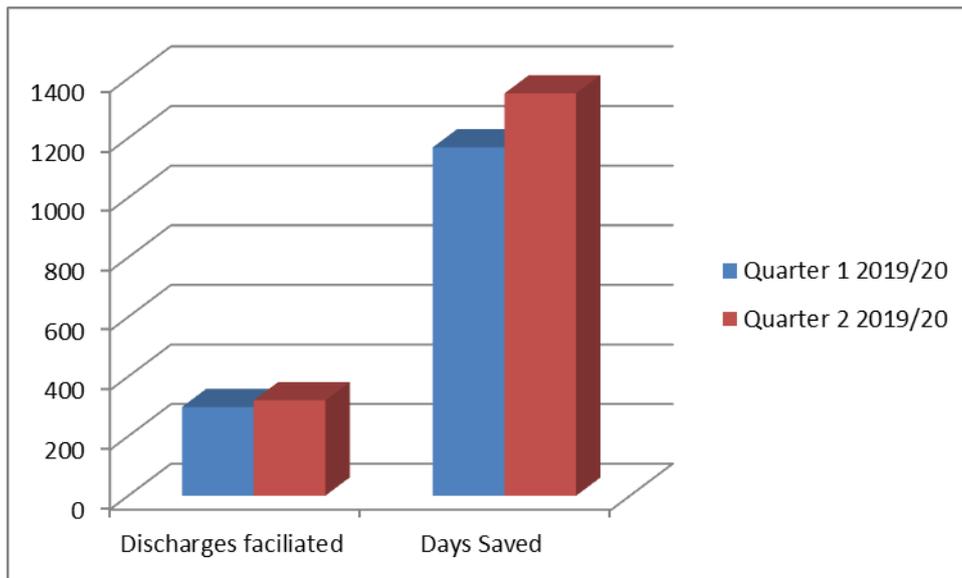
Adult Care staff working in acute hospitals are all on seven day working contracts. Staff are part of a rota to work over seven days as required to meet the demands of the service. Home care and reablement providers all work over seven days prioritising hospital discharges and avoiding Hospital admissions.

Our brokerage service will work Saturdays and Sundays to provide access to services for weekend discharges. This is flexible to meet the demand as needed. The Council's Emergency Duty Team provides cover out of hours if there an emergency response is needed.

For new clients to Adult Care in 2018/19 the hospital social care teams facilitated 740 discharges from hospital over the weekends. This data does not include restart of previous care support.

6. Trusted Assessors

The Care Home Trusted Assessors (CHTAs) complete assessments on behalf of residential and nursing homes across the county. This reduces the need for care homes to come into the hospitals to complete their own assessments, which reduces the time a person waits to be discharged into an appropriate care setting. CHTAs work six days a week, Monday - Saturday. The impact of this support is shown in the graph below:



Due to the success of this scheme, winter funding has enabled the Council to provide the same service for people needing care in their home on discharge. Home Care Trusted assessors (HCTA) will liaise with Prime Providers to support timely Hospital discharge. HCTA work six days a week, Monday - Saturday.

CHTAs and HCTAs will support all service users in Hospitals requiring Residential Care, Nursing Care or Home Support. This includes self-funders.

7. Focus on Choice

Adult Care staff will work with ULHT and LCHS to ensure early engagement with patients and relatives, planning for discharge as early after admission as possible. The transfer of care policy is fully operational across the acute hospitals. On admission to hospital all patients are provided with a welcome letter. This advises that, on admission, discharge planning will be discussed to ensure that when a person no longer requires consultant-led care they will be discharged home or to another non-acute setting, dependent on their needs. This ensures that people and their families know about their patient journey while in hospital and what support may be available in preparation for discharge home. If, when a person is medically fit to return home and the services or alternative services are offered but declined, then a further letter with a discharge date is issued. If on this date the person is still in hospital, a senior manager from the trust, visits the person on the ward.

It is always the aim of the County Council to support a person to return home with care if this is appropriate. If support at home is not readily available we will offer the person an interim care home placement to enable them to be discharged from hospital. Adult Care staff discuss discharge planning as soon as possible after admission. This is to ensure patients and their families are aware this may be required to enable them to consider alternative options.

8. Flu Planning

Influenza represents a serious threat to the health of vulnerable people. It is also a serious threat to the business continuity of health and care provision and the wellbeing of the wider community if new strains of the flu virus emerge. The Lincolnshire health and care system's approach to encouraging uptake of the flu vaccine is well-coordinated across organisations and consists of:

1. A well-rehearsed plan for the vaccination of target groups with vulnerable adults immunised through primary healthcare and hospital services (where they are in contact with them) and children through primary health care and the school immunisation service.
2. Plans to immunise front line staff engaged in health and care provisions, when vaccine stocks are available. These include all County Council staff and all front line social care contractors who are offered free vaccination through national and local schemes.

The plans are monitored and managed through a system-wide Flu Planning Group, chaired by the NHS England embedded Public Health Team and with the full engagement of organisations across the system.

9. Key Public Messages

AC&CW will assist in coordinating all essential public information and wellbeing key messages via the County Council's Communications Team.

10. Conclusion

The focus now is to plan, as a system, to be ready for winter. This is ensuring that the Council and the health and social care system have robust plans in place ready for winter. The Lincolnshire system is working together to tackle the many challenges we face this winter and minimise the effects of winter on providing good Health and Care for the people of Lincolnshire.

11. Consultation

This is not subject to consultation

12 Appendices

These are listed below and attached at the back of the report

Appendix A	Winter Resilience Report to the Health Scrutiny Committee for Lincolnshire – 18 September 2019
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13. Background Papers

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

This report was written by Tracy Perrett, who can be contacted on 01522 554375 or Tracy.Perrett@lincolnshire.gov.uk.

		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:	18 September 2019
Subject:	Winter Resilience

Summary:

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

Actions Required:

The Committee are asked to recognise the work undertaken to manage the urgent care system during winter 2018/19 and consider the approach to preparing for winter pressures 2019/20 as set out in the report and to offer comments and suggestions.

1. Background

Traditional winter pressures are now a year-round event. The NHS long-term plan published in January 2019 is an opportunity to ensure local health and care systems are resourced to offer greater resilience in the face of rising demand. To do this, we must be realistic about what resource is required to meet patient need and recover performance. The context in which NHS trusts are entering this winter is more difficult than last year following significant operational challenges, growing pressures on the health and care workforce and a period of sustained, financial constraint.

1.1 National context

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments whilst the rest are Accident & Emergency (A&E) or minor injuries-type visits. It is estimated between 1.5 and 3 million people arriving at A&E each year could have their needs addressed elsewhere for example via NHS111, a local pharmacy or by visiting a GP. This cohort of patients attend A&E because it is perceived the most convenient or quickest option however there are significant consequences to the rising demand on our A&E department; and this impact is felt throughout the acute hospital and the urgent care system as a whole.

Based on an analysis of official NHS data, between December 2017 and March 2018:

- A&E attendances over the year rose to nearly 24 million – equivalent to almost half the population of England
- there was a 261,000 increase in attendances during winter – broadly the same as the population of Plymouth
- there were 1.52 million emergency admissions over the winter, up 85,000 compared to the previous year – roughly equal to the number of people who live in Halifax
- over winter there were 1.3 million arrivals by ambulance, a similar figure to the number of people who live in Birmingham
- the number delayed more than 15 minutes (the official limit) in handing patients over to hospital was 600,000 – the same as the population of Bristol.

In an attempt to address these challenges nationally, the NHS Long Term Plan was published in January 2019. The Plan correctly describes an emergency care system under sustained pressure responding to real changes in demography, public expectation and vision for future delivery; setting out actions to ensure patients get the care they need, fast, and to relieve pressure on A&E's.

The Government has committed to improvements in 'out-of-hospital' services to reduce very substantial pressures associated with the care of emergency patients. In doing so, more patients will be looked after effectively by GPs, community health and social care services without the comparative expenditure growth as acute services.

1.2 Local Context

Against the national backdrop, in Lincolnshire we continue to see encouraging progress to integrate services, with a number of projects set up under the new care models programme starting to deliver better prevention and improved care for patients closer to home. The development of integrated urgent care services is maintaining and building on this momentum.

Ahead of this winter, our trusts are meeting day-to-day operations, and to plan with system partners what they can do differently to prioritise patient safety in the face of unsustainable demand for care. During winter, acute trusts tend to experience a rise in the number of unplanned hospital admissions, with more patients admitted to hospital via A&E, walk-in centres and ambulances. Acute trusts will be required to prioritise unplanned urgent activity, at the expense of planned elective care.

In September 2018, the Secretary of State for Health and Social Care announced £240m for local authorities to spend on social care capacity. In Lincolnshire this was used to ensure more patients are discharged promptly into appropriate care settings. The money went a long way to reducing delays in transferring patients, but to put this into perspective, according to the Association of Directors of Adult Social Services annual budget survey (Association of Directors of Adult Social Services, 2018), published in March 2019, councils had budgeted to reduce adult social care spending by £700m this year. The funding to local authorities has been duplicated for 2019/20 but is yet to be allocated to fund specific schemes. There have been two “winter workshops” facilitated by the County Council to formulate proposals. This is being led by Carolyn Nice, Assistant Director for Adult Care. Whilst the financial subsidy is welcome, short-term funding is not the solution to the health and care crisis and the government’s forthcoming social care green paper will need to set out bolder action for the long term.

NHS leaders tell us nationally led winter planning in 2018/19 was less visible compared to previous years. In response locally, our Urgent and Emergency Care delivery board has been busy planning since May/June. Our local NHS Acute and Ambulance Trusts are fully cognisant that pressures in urgent and emergency care have implications for primary care, mental health services, community services and social care.

Planning broadly falls into six areas:

- **Patient Flow.** As in previous years, trusts and our system resilience group are focusing on optimising patient flow. This will involve tackling super stranded patients (with some trusts creating special taskforces), supporting effective discharge more broadly across inpatients, increasing hospital social work provision, and developing the use of specialty surge beds. The Acute Trust is also looking at the wholesale reconfiguration of their Lincoln County Hospital site to create additional physical capacity. This level of reconfiguration has been successful at Pilgrim Hospital, Boston and continues to be developed.
- **Community and Out of Hospital Provision.** ULHT and Lincolnshire Community Health Services NHS Trust are working together along with others providers to increase system capacity this includes ongoing development of partnerships with voluntary organisations to create attendance and admissions avoidance schemes. At each end of the patient pathway, community teams are assisting patient flow which is essential to reduce crowding and increase performance in the emergency department.
- **Mental Health.** Busy emergency departments are not a suitable care setting for people in crisis. Our acute trust, mental health provider, ambulance service and the police are working together to better respond to individuals who need emergency support from a mental health crisis team. Initiatives include multi-disciplinary response teams and specialist mental health nurses in A&E departments. Mental health providers are expecting further A&E presentations, which will add more pressure on mental health inpatient beds and risk leading to increased out of area placements.
- **Primary Care.** In addition to the continuation of Urgent Care streaming in emergency departments, we will also be placing GPs in critical parts of the system to observe and advise on changes to flow.

- **Patient Transport.** We continue to work closely with our patient transport to improve performance and increase discharges.
- **Workforce.** All our trusts are investing in additional workforce capacity, particular in their emergency departments, as well as evening staff and frailty teams. We are also planning to provide additional management support.
- **Ambulance.** We are working with East Midlands Ambulance Service to reduce unnecessary conveyance to acute sites by enhancing hear and treat, see and treat services as well as improving alternate community pathways.

Despite these preparations, it would be remiss not to highlight trusts are concerned about the impact of winter.

2.0 Review of Winter 2018/19

Demand for services increased significantly through December. Locally the trend adopted that national position with people who were going to hospitals and requesting ambulances were sicker and had more complex needs. The bad weather was followed by outbreaks of flu, although compared with the national figures, in Lincolnshire this did not impact too significantly on acute services despite increasing demand in primary care. The ambulance service had a particularly challenging time as it attempted to cope with high levels of demand from patients. The demand was so high this winter that this equated to an ambulance arriving at all trusts with major emergency departments every 15 minutes, 24 hours a day, all winter.

As the national situation deteriorated regulators sought assurances from the local system about how we were responding. Our teams were able to demonstrate how a more joined up approach by our system leaders translated into more joined up system management and resilience. Throughout the winter period the system maintained a high level of planning and review to ensure the continuity and delivery of safe care; including significantly reducing our elective programme, and rescheduling outpatient clinics to free up medical and nursing staff to support the increased demand for emergency services.

Winter pressures have contributed to system financial pressures, as was the case over this year. The financial position was pressurised over the winter period due to loss of income and increased costs, as trusts had to prioritise and free up capacity to cope with emergency demand. Problems with demand, funding and workforce were replicated across the whole health and care system, encompassing mental health, primary and community care and social care.

Because of the plurality of problems we repeatedly stated throughout winter that the NHS has reached a watershed. The operational and delivery pressures were plain for everyone to see, with the issue piercing the public, media and regulators consciousness. That said, the system received praise from Regulators for its resilience, grip and management of issues and our ability to recover from periods of unprecedented demand.

3.0 Winter 2019/20 - The Lincolnshire System Resilience Plan

The Plan is 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 been reviewed by key partner organisations at the Urgent and Emergency Care Delivery Board on three occasions to ensure robustness and was compiled using previous proven approaches. This paper updates the 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 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.

3.1 Progress to date:

The Plan prepares the system in Lincolnshire to:-

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

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 attendances and admissions to hospital, and ambulance conveyances.

3.2 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 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.

3.3 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.

3.4 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 2019/20, 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.

3.5 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 2019 and runs until the end of March 2020. 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 and 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.

3.6 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.

3.7 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 Service) for ensuring vaccination of the housebound patients and staff.

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

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

3.8 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.

3.9 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 2019 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 26 December and 2 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.

3.10 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 North West Anglia Foundation Trust have agreed this plan. Day cases and outpatient appointments will continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

3.11 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 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.

3.12 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.

3.13 Mental Health

LPFT will continue to support the health and care system by offering the following core services:

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access.
- 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.

3.14 Acute Services

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

4. Conclusion

In recent years the NHS has become trapped in a recurring cycle of winter crises – each one more severe than the last. Our local system has learnt from 2018/19 and believes the winter planning for 2019/20 is robust.

5. Consultation

This is not a direct consultation item.

6. Background Papers

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

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