

NORTH LINCOLNSHIRE COUNCIL

**HEALTH AND WELLBEING
BOARD**

Winter Preparations

1 Objective & Key Points

The aim of this report is to provide an update on the actions taken by the North Lincolnshire system ahead of Winter 2022.

2 Introduction

The acute hospitals within Northern Lincolnshire are consistently operating at full capacity resulting in significant pressures within Accident and Emergency departments (ED), ambulance response time and pressure on hospital beds. This is attributable to a high number of A&E attendances and urgent ambulance call outs alongside managing elective recovery and continued COVID-19 pressures.

A similar level of pressure has been experienced by other parts of the system, including demand and bed occupancy pressures in mental health, demand in primary care and the community and pressure on social care and the domiciliary care market

In response to this there have been a number of National and Integrated Care Board level expectations set out in order to ensure systems are prepared to meet the demands during Winter 2022 / 23.

3 National Expectations for Winter Preparations

There have been a number of expectations set by NHS England (NHSE) to ensure system resilience and quality of service during winter. These are set out in the following documents: -

- National expectations for Winter¹ (letter 12th Aug 2022)
- Going further for our winter resilience plans². (letter 18th Aug 2022)

NHSE also set out expectations for ICB Boards and acute Trusts in its letter on national expectations for Winter which recognised the improvements in elective activity but also highlighted the urgent and emergency care pressures over the summer and the need to ensure resilience going into the winter period. All Integrated Care Boards are required to meet the following objectives alongside the elective recovery plan.

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers

- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

4.0 Humber and North Yorkshire Emergency Care Summit

A Humber and North Yorkshire (HNY) Emergency Care Summit, held on 11th August was attended by system leaders, resulting in the development of several key actions to ensure resilience within the system.

The summit was attended by leaders across the ICB system identified a number of recommendations for adoption across the ICB footprint to support management of demand over winter, with a focus on ensuring adequate patient flow through services to reduce ambulance handover delays and over-crowding of Emergency Departments.

The recommendations, along with North Lincolnshire actions to address these are detailed below.

1. Integrated coordinated care that supports clinical risk taking and decisions with consistent signposting for primary care and others.
 - Development of single point of contact (SPA) to support diverting activity from the front door, including implementing and expanding same day and next day urgent primary care offer.
 - 2 hr urgent care community response (UCR) 24/7 service in place across NL.
 - Additional capacity for on the day appointments when patient's GP does not have capacity (this includes both remote and face to face).
 - Exploring SPA 'gatekeeping' for same day emergency care (SDEC) removing the need for GPs/EMAS having to communicate with SDEC
2. Integrated health and care (hub) community triage and patient management to optimise patients staying in their own home.
 - Transfer of Category 3 and Category 5 calls to the SPA
 - Exploring options for extended hours falls service supporting care homes
3. Discharge, – criteria led and estimated date of discharge, earlier ward rounds, dedicated discharge coordination, 7-day services for discharge and optimise patient transport options.
 - System wide Discharge Improvement plan developed.
 - Action plan developed to deliver 100-day challenge with priority actions identified.
4. Mental health emergency support access to minimise mental health pressures on acute providers
 - Working with RDASH and VCS colleagues to develop a local solution that will provide a first point of contact for people with mental health crisis and divert them away from A&E, utilising winter planning funds.
 - Short term funding to provide additional mental health bed capacity as been identified.
 - System wide work in place to improve discharges planning and pathways, with a planned accelerated discharge event early 2023.

5. Immediate, joint recruitment across health and social care for winter – emphasis on one workforce
 - Short term – recruitment of health care assistants to support the existing NL home first model, which commenced on 5th October 2022 utilising a phased approach to enable staff recruitment.
 - Working towards an Integrated health and social care staffing model.
6. Honest and realistic communications with the public on the position and signposting where to go for what services
 - There has been a significant number of communications at ICB and Place level to encourage the appropriate use of services using a number of different media

5.0 Funding and Schemes

Winter capacity funding has been made available in 2022/23 which is being targeted at delivery of initiatives which will support system resilience. Place partners have worked very well together to develop plans for the available funding to ensure plans reflect local need, integration opportunities and our community first strategic ambition. This means that wherever possible, plans focus on creating community capacity to avoid admission and facilitate hospital discharge.

The schemes are as follows: -

Admission Avoidance Schemes

- **Outpatient Parenteral Antimicrobial Therapy (OPAT)**
The aim of this scheme is to free up inpatient capacity to support the seasonal increase in patients presenting to hospital. Allows patients who are medically stable and whose only reason for inpatient stay is the requirement for Intravenous Antibiotics to be safely and effectively treated in the community
- **Equipment and Training to support fallers**
The aim is to reduce ambulance calls and conveyance with the purchase of equipment that is supported by a free "istumble" app and training to guide health and social care workers to safely lift people following a fall. This supports the prevention of "long lie" and helps identify when an ambulance is required. Initially purchased for frequent care home callers and potential to be utilised for urgent community resp

Early discharge

- **Home First**
Facilitate responsive discharge for patients who do not meet the criteria to reside in hospital by providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home. This reduces delayed discharges and improves patient flow
- **Community Rehab and Reablement (level 3-4)**
Facilitate responsive discharge of patients who do not meet the criteria to reside in hospital. Provides assessment, advice and rehabilitation support outside of acute hospital and that improves people's health and wellbeing and prevents exacerbation of long-term conditions that result in hospital admissions.

Discharge Support

- **Recruitment and retention of social care work staff.**
Single recruitment hub to recruit care workers across independent sector, supporting existing staff with childcare vouchers, wheels to work to aid staff retention and mobility across

In addition to the above, there are also a number of actions being undertaken to support the system during winter these include: -

- The place partners are working to progress the actions set out in the '100 day challenge' to ensure most timely discharge of people from hospital to the right care in the right place
- A system wide workshop which reviewed each organisations winter plan and the system surge and escalation framework plan to ensure appropriate plans were in place for times of increased pressure and also to be able to identify levels of risk across the system.
- Care home engagement plan which included full review of current provision to enable understanding of key issues and challenges, with particular focus on barriers to hospital discharges, and the enhanced help in care homes offer.
- Accelerated Home First Event, commenced on 7th November and will run for two weeks. The aim of the event is to run a system wide discharge and hospital avoidance event, to reduce admissions, free up beds, increase patient flow and ensure individuals receive safe, timely and appropriate care – in the right place, at the right time. The focus being to support people to remain in their own homes wherever possible. Our aim is to avoid admissions where we can and to support safe and timely discharges.

6.0 Assurance of plans

An Assurance Framework has been developed as a tool to support ICB's to support and hold the system to account on committed deliverables. Each ICB is being asked to identify what their trajectories should be against the key metrics identified in plan, which will be used to monitor progress and delivery. This will be monitored through and ICB wide Urgent Care Programme Board.

Locally, the A&E Delivery Board continues to operate across the North Lincolnshire footprint to ensure delivery of local plans and performance against plans.

OPTIONS FOR CONSIDERATION

7.0 Option 1: To note the work being undertaken which will help to support winter preparations with the aim of maintaining the health and wellbeing of the residents of North Lincolnshire and the mechanism in place to assure delivery of these plans

8.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

Resources have been identified in delivery plans and through additional winter capacity resource

9.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

9.1 None

10.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

10.1 Not relevant for this report

11.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

11.1 Not relevant for this report

12.0 Recommendation

The HWBB are asked to note the plans in place to support winter pressures and the positive work that has been done across the partnership to support this and how we collectively work together to support our local system through winter.

North Lincolnshire NHS Place Director
Health Place
Brigg
North Lincolnshire
DN20 8GS
Author: Alex Seale
Date:

References

1. Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter: [NHS England » Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter](#)
2. Going further for our winter resilience plans. <http://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/>