

Executive Team Meeting - Lancashire

1 October 2013

Report title	Planning and Reporting on Health & Social Care System Resilience ahead of Winter 2013/14
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Presented by	J Higgs
Purpose of the report	To inform and assure SMT and HWBs of progress in preparation and planning for winter and to seek approval of overall approach.
Actions / decisions required	To approve the overall approach to preparing for winter 2013/14. To note plans and progress in preparation to support NHS resilience over winter. To note risks and mitigation in plans to ensure all services across the local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter.
Summary	This report describes the roles and responsibilities of Health and Social Care organisations in relation to preparation, planning and actions to be taken to ensure system resilience ahead of winter 2013/14; and to identify potential risks regarding winter resilience plans across Lancashire.

Planning and Reporting on Health & Social Care System Resilience ahead of Winter 2013/14

Purpose

This report describes the roles and responsibilities of Health and Social Care organisations in relation to preparation, planning and actions to be taken to ensure system resilience ahead of winter 2013/14; and to identify potential risks regarding winter resilience plans across Lancashire.

Background

NHS England has been working with CCG colleagues and health care providers along with Social care to ensure that the system is prepared ahead of the winter period. This work has begun earlier this year than in previous years due to the on-going A&E pressures challenging the delivery of a sustainable A&E 4 hour standard to populations across Lancashire.

The national group on A&E (NHS England, Monitor, NHS Trust Development Authority (TDA) and Association of Directors of Adult Social Services (ADASS)) was set up to review the planning, oversight and reporting requirements of the health and social care system needed over the winter period in addition to the on-going work to deliver sustainable A&E standard performance.

Plans have been compiled by each health economy to support NHS resilience over winter so that patients can get swift access to safe services in line with the NHS Constitution.

Three strands of work are being taken forward. These are:

- System planning ahead of winter
- Allocation of non-recurrent funds to specific A&E's
- Winter reporting

System Planning Ahead of Winter

The management of winter pressures is an integral part of the current system recovery planning and assurance process that is now underway for achieving sustainable delivery of the A&E standard.

Plans for Winter resilience have been developed by the end of September, with approval and ownership from all members of local health economy Urgent Care Networks/Groups; assured by NHS England utilising the winter plan assurance framework and peer review across Area Teams within the North of England to be completed by 21 Oct 2013.

Preparation and assurance processes need to be in place with the aim that all services across local health and social care systems being well coordinated and well placed to respond appropriately to the demands of winter 2013/14 including:

- handover of patient care from ambulance to trust
- operational readiness (bed management, capacity, staffing and New Year elective "re-start")
- primary care, especially out of hours arrangements

- NHS/Social Care joint arrangements including work with local authorities to prevent admission and speed discharge
- Ambulance service/primary care/A&E links
- critical care services
- preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff.

The expectation is one of a whole system approach to preparing for and managing winter, seasonal flu and other pressures across each local hospital system, as well as the NHS and social care system.

Urgent Care Networks/Groups

Across Lancashire 4 Urgent Care Networks/Groups are in place, albeit at differing levels of maturity. These networks are intended as a local mechanism for bringing together each of those organisations with individual accountability and resource for elements of local services, and who, working together, can ensure delivery of good quality services for patients. The Urgent Care Network/Group has an important role in promoting collaborative working and consensus building, but has no statutory decision making powers.

Winter Planning Submissions

All Urgent Care Networks/Groups have been involved in overseeing submission of Winter Resilience plans, with submissions provided to NHS England Lancashire Area Team on 20 September 2013. These plans should focus on Avoidance on Hospital Admission Schemes, and Supported Safe Discharge from Hospital for those patients admitted and requiring timely discharge. A substantial component of all submitted plans should be evidence of collaborative working between Health and Social Care, provision of appropriate Intermediate Care and evidence of supported care in the community. This will require a concerted 7 day service approach by all organisations and support services including social care and voluntary groups to ensure patient flow through the urgent care pathway.

Consideration over critical care services and preventative measures, including flu campaigns and pneumococcal immunisation programmes for patients and staff are identified as important areas in both preparation and monitoring arrangements for winter preparedness.

A&E Improvement Plans

The NHS England A&E Improvement Plan letter issued on 9 May 2013 articulated the expectation that local approaches to the management of winter should be in place sooner this year, building on the system plans established in relation for A&E delivery. NHS England Lancashire Area Team facilitated a review of winter 2012/13 in May 2013 with all stakeholders involved at a local health economy level to support the system to identify lessons learned and develop robust plans with actions and priorities that would mitigate risks and be included in A&E recovery and improvement plans.

Further support in the form of Urgent and Emergency Care Reviews have been undertaken across all local health economies by the national Emergency Care Intensive Support Team (ECIST) and in West Lancashire this also incorporated a review of vulnerable frail older people.

In addition, specific funding has been identified for three organisations within Lancashire identified as priority trusts to receive non recurrent funding as part of targeted support to deliver recovery and sustained achievement of the NHS Constitutional right of access and treatment within 4 hours at A&E. These organisations are:

- East Lancashire Hospitals Trust
- Lancashire Teaching Hospitals Foundation Trust
- University Hospitals of Morecambe Bay Foundation Trust

A sharing of initiatives in place in individual health economies and lessons learned event was held in September facilitated by NHS England Lancashire Area Team to encourage shared learning across Lancashire of initiatives aimed at improving the urgent care pathway for patients.

Winter Reporting –SITREP and Teleconference Calls

Plans have been communicated across Lancashire regarding the implementation of both a daily monitoring process, continuing the well-established process of winter sit-rep reporting, along with weekly winter resilience teleconference calls. This will provide an opportunity for challenge and assurance in relation to escalation processes across the system so escalation levels within each organisation in a health economy is understood by all stakeholders; and inform overall pressure at county level. Due to risks identified across the system, Lancashire Winter Resilience teleconferences commence on 3 October 2013 and will include all stakeholders across the urgent care pathway including representatives from primary and community care, CCG commissioners of acute services, mental health, social services, ambulance services, 111 services and public health.

System Wide Risks

The following risks have been identified as part of the winter resilience planning and mitigating actions as described below need to be implemented to ensure system resilience and high quality patient outcomes:

- Delivery of sustained A&E access within the 4 hour standard.
 - NHS 111 services as an integral part of delivering a whole resilient health system.
- Primary Care and Community service access for the two weeks around Christmas and New Year Public Holidays (including GPs, pharmacy, dentists and also GP Out of Hours services).
 - Norovirus outbreak control measures in care homes.
- Social Care access for the two weeks around Christmas and New Year Public Holidays (7 day working).
- Timely residential home assessments for discharging patients from hospital within 24 hrs.
 - Business continuity including mortuary capacity and Local Authority Highways Agency gritting arrangements.
 - Effective communication protocols between partners, staff, patients and the public with consistent key messages.

Mitigation actions include:

- Structured forecast of emergency and elective demand to ensure efficient utilisation of capacity and optimise patient flow by implementing estimated Date of Discharge on admission, access to diagnostics and proactive management of discharge at regular intervals throughout the day.

- Regular daily ward rounds and bed meetings embedded and involving key members of multidisciplinary team including social care.
- Ensure consultants are available to discharge patients throughout weekends and the two week period across the festive holiday.
- Ensure key partners are able to provide pharmacy, transport and social care services to support the agreed discharge process.
- All partners agree staff rotas in November for the two week festive period to match projected peaks in demand including rostering plans for 111 services.
- Local commissioners to ensure that the Directory of Services (DOS) is maintained and up to date with opening times of services.
- Agree with local authorities anticipated levels of home care packages that are likely to be required over winter (especially the festive period) and utilise rapid response teams to facilitate discharge. Given the continuing financial pressures that health and social care are facing both the NHS and Local Authorities need detailed engagement around the capacity of social care services to accommodate predicted discharge levels.
- Sustain primary care services including what cover is available at key times such as Christmas Eve and New Year's Eve; practices to schedule enough free appointments on days immediately before or after bank holidays.
- Advance planning in care homes to manage and monitor outbreaks of Norovirus supported by the whole health and social care system to ensure Norovirus patients are well cared for in care homes and their usual place of residence.
- NHS and Local Authority staff ensure arrangements in place to manage short term increases in demand on mortuary capacity and that funeral directors have been included as appropriate.
- Develop relationships with Local Authority Highways departments to ensure agreed priorities are in place for gritting arrangements so services are not adversely affected by severe weather.
- Ensure effective communication protocols between key partners, particularly across Local Authority social services, highways departments, mental health services, blood transfusion services including key contact details together with level of services over the festive period and weekends.
- Ensure communications with the public, patients and staff make use of all mediums including social media and ensure key messages are consistent across the local health economy and link into any national campaigns such as "Choose Well" and "Warmer Homes".

These risks have been identified in each paper along with plans to address them and for mitigation where ever possible however considerable concern remains for areas where multiple agencies are involved in care pathways.

Conclusion

This report has provided an overview of system planning ahead of winter and actions by NHS England Lancashire Area Team along with identifying the risks and recommended mitigations.

Whilst it provides assurance that plans are in place to support NHS resilience over the winter so that patients get swift access to safe services in line with the NHS Constitution, it is unable to provide total assurance that the required constitutional rights will actually be delivered, and does highlight the need for all partners within health and social care to appreciate the need for total commitment and preparedness to be available in any potential state of escalation.

Recommendation

The Senior Management Team (SMT) and Health & Wellbeing Boards (HWB) are asked:

To approve the overall approach to preparing for winter 2013/14.

To note actions to date along with plans and progress in preparations to support NHS resilience over winter.

To note risks and mitigation in plans to ensure all services across the local health and social care systems are well coordinated and well placed to respond appropriately to the demands of winter.