

Report title:	Winter planning - STP Urgent and Emergency Care
Date of meeting:	31 October 2018
Sponsor (H&WB member):	Jo Smithson, NHS Norwich CCG Chief Officer and STP UEC Senior Responsible Officer
<p>Reason for the Report To provide the Board with an update summary on the focus and work of the STP Urgent and Emergency (UEC) workstream, particularly in terms of winter planning and resilience.</p> <p>Report summary</p> <p>The STP UEC Workstream has been established as one of the five STP workstreams. Its focus is:</p> <ul style="list-style-type: none"> • To ensure that system resilience is robust and that surge and escalation plans are agreed at a local level that will deliver safe and timely urgent and emergency patient care. • To agree the Urgent and Emergency Care Strategy and detailed Urgent and Emergency Care Delivery Plan which includes key priorities, milestones and outcomes. <p>Winter Planning is the key priority to ensure plans are in place to manage the surges in demand and acuity and schemes are implemented to support this. The plans are STP-wide and one particular area of focus for the winter schemes is to reduce long hospital stays.</p> <p>The Transformation Plans aim to deliver system stability on an ongoing basis and are split between four main areas: Integrated Urgent Care, Ambulances, Hospital and Hospital to Home.</p> <p>The whole system recognises that working collaboratively to deliver the care required is the most effective and efficient way to deliver that. The challenge is always to maintain that focus and hold fast to plans in light of increasing operational pressures.</p> <p>Recommendation The HWB is asked to:</p> <ul style="list-style-type: none"> • Note and comment on the operational and transformation work that is underway to manage the STP-wide operational plans, to provide system coordination and improved grip. 	

1. Background

- 1.1 The STP UEC Workstream is one of five STP workstreams that has been established with all provider chief executives, CCG accountable officers and county councils, and Healthwatch represented. The A&E Delivery Board meets monthly and its priority is to ensure that there is robust governance in place to ensure, and provide assurance to the STP Executive that, there are adequate systems and process in place to support delivery of all unplanned care across the system.

2. Detailed Report

- 2.1 With regard to urgent and emergency care there are two areas of focus of the Board and the governance has been established accordingly. The focus is
- To ensure that system resilience is robust and that surge and escalation plans are agreed at a local level that will deliver safe and timely urgent and emergency patient care.
 - To agree the Urgent and Emergency Care Strategy and detailed Urgent and Emergency Care Delivery Plan which includes key priorities, milestones and outcomes.
- 2.2 See Appendix A for the Governance Chart for the workstream.

Winter 2018/19 – strategic and operational grip

Overview

- 2.3 Demand for urgent and emergency care continues to grow. It is an aim of our STP to manage this demand by helping and empowering people to manage their conditions better, find health and care solutions within the community wherever possible, and use best clinical practice and joint working by our provider trusts to ensure that when patients do need to go to hospital they are treated in good time.
- 2.4 Daily activity data from the ambulance service demonstrates that our area is subject to particularly heavy demand compared to other areas. For example, on many days the Norfolk and Norwich University Hospital receives more ambulance arrivals than any other hospital in the East of England. It can receive more arrivals than the QEHKL and JPUH combined.
- 2.5 Our NHS 111 service has experienced an 11% increase in demand in 2018 on 2017. 30% of its activity is between December and February. IC24 is predicting an increase of nearly 9,000 calls in December 2018 over the previous year, totalling 50,000 in the month.
- 2.6 The East of England Ambulance Service has seen the average number of calls increase from 3,000 a day to 3,300 a day over three years.
- 2.7 This demonstrates both the daily pressure that our services face and the challenges faced by our staff. We acknowledge the incredible efforts of staff and management to cope with this demand.

Planning

- 2.8 Our system-wide focus is very much on Winter Planning across the Norfolk & Waveney STP. It requires aligning the key priorities of each of the three acute systems to ensure that challenges are identified, quantified and mitigated as far as possible.
- 2.9 In order to do this the A&E Delivery Board has progressed with the following:
- A new STP-wide Winter Room structure is being set-up:
 - A Norfolk and Waveney Winter Room Director, Mark Burgis, is now in post
 - Winter Rooms in West, Central and East areas in preparation
 - Key Prevention Priorities have been agreed
 - Infection Prevention and Control
 - Respiratory Conditions
 - Cardiovascular Conditions
 - Housing
 - Social Prescribing

Winter 2017/18

- 2.10 The pressures on our system last winter are widely acknowledged. We experienced a severe cold snap that made many roads impassable for all citizens, including our own workforce. Despite that, many people made Herculean efforts to remain in work or get to work by walking, using 4x4s and even farm vehicles. We also experienced a flu outbreak that was much more serious than in previous years.
- 2.11 This should be placed in context, in that significant pressures occur every winter throughout the UK and Norfolk and Waveney is no exception.
- 2.12 Actions taken in response to winter 2017/18:
- 2.13 Reviews of Norfolk and Waveney performance took place soon after the winter period. Learnings included:
- Identifying key drivers in demand (these included more admissions due to respiratory conditions and falls)
 - Good system collaboration in development of plans and operations
 - Funding for additional capacity had not been confirmed until December 2017, which did not help with planning and implementation of resilience schemes
 - Ambulance / acute admissions capacity was significantly challenged leading to sporadic delays in conveyance/handover
 - On occasions pressure on acutes was an 'Admission' more than 'Discharge' driven issue (central Norfolk)
 - First signs of pressure in the system emerged in late October / November but were exacerbated over the Christmas break
 - Young-elderly (71-80yrs) saw the greatest increase in admissions (24% vs 10-14% in older & younger adults) (central Norfolk)

Winter preparations for 2018/19 based on above learnings

Planning

- 2.14 Co-ordinated planning has been undertaken in three local systems and also across Norfolk and Waveney as a whole. As described above this was based on learning from previous years and is intended to make our services for patients and residents more resilient this coming winter.
- 2.15 Earlier identification of additional funding to enable partners to plan increases in capacity more effectively. Funded schemes were agreed over the summer.

Financial

- 2.16 We are seeing additional investment on top of existing NHS resources of more than £3 million to add capacity and introduce new services. The Board will also be aware that in a recent letter from the Health and Social Care Secretary, Norfolk County Council has been allotted an extra £4.1 million and Suffolk County Council has been allotted £3.2 million for social care, to speed discharge from hospitals.
- 2.17 The Secretary of State has written to us: "This additional funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services."

Workforce

- 2.18 Workforce remains a key risk. All providers continue to recruit to vacancies although it is acknowledged nationally that the UK requires more clinical and care staff in particular skill sets. GP recruitment and nursing/medical staffing in our Trusts is a priority.

System leadership

- 2.19 At times of significant pressures, Trusts and partners respond to the NHS OPEL (Operational Pressures Escalation Levels) framework of escalation. This triggers different levels of response from an operational and leadership perspective.
- 2.20 As described above, this year each hospital will have a dedicated winter room, with staff drawn from many agencies such as mental health, community and social care. They will respond to daily pressures, working as one integrated team, liaising with colleagues across Norfolk and Waveney. Each winter room will work in co-ordination with the Norfolk and Waveney Winter Room Director.
- 2.21 Every day we hold 'system-wide' teleconferences, in which health and care leaders discuss the day's particular challenges and how we can tackle them.
- 2.22 Whenever major pressures build in hospitals or on other services, senior leaders will hold teleconferences, in which partners support each other and co-ordinate our response.

Our approach to winter resilience

- 2.23 Our approach is to continue delivering appropriate health and social care at a time of considerable pressures and reducing pressure on urgent and emergency services:
- Self-care and self-management - encouraging and empowering patients to keep themselves as well as possible, and use services such as pharmacies and walk-in / urgent treatment centres
 - Expanding hospital capacity to help ambulances handover patients to the

hospitals and get back on the road

- Getting the flow through hospitals right
- Discharging patients who are fit to return home earlier, to free up beds
- Helping people to remain at home safely and independent - where they want to be.

What is going to be different this year?

2.24 As follows:

- A major drive to encourage eligible people to have the flu jab and major campaigns among health and care staff, including unpaid carers and care homes.
- The NNUH '8-point plan' which includes:
 - A new discharge suite to improve the patient's experience on leaving hospital and improve patient flow through the hospital
 - 8 more rapid assessment spaces for the Emergency Department to assist with ambulance handover and early patient assessment
 - Older People's Emergency Department opening hours to be extended
 - NNUH at Home - a pilot project that aims to provide care at home for patients who are medically well enough to leave hospital but still require care under the supervision of the hospital.
- Enhanced ambulatory care unit at JPUH
- Greater use of day surgery at QEHL
- Hospital Ambulance Liaison Officers to improve handovers at hospitals
- Specialist ambulance paramedics and rapid response vehicles to help more patients at home rather than conveying to hospital
- Falls vehicles staffed by ambulance and community nurses and therapists
- More GP appointments at evenings and weekends
- More clinical cover in the 111 service to help callers resolve their problems without recourse to the urgent and emergency care system
- Provision to manage outbreaks of flu in care homes
- A night time mental health crisis hub spanning weekends in Norwich
- Additional mental health provision in in-patient settings

Transformation

2.25 Supporting system resilience work is the transformation work. This is focussed on both national must dos and local priorities. It is organised around 4 areas;

- **Integrated Urgent Care**
 - Linking with Admission Avoidance Schemes

- Implementation of the revised national specification
- Robust Triage of demand: 'Consult and Complete'
- Coordinated Urgent Care Provision e.g. Urgent Treatment Centres
- **Ambulances**
 - Improved alignment with NHS 111
 - Alternatives to conveyance
- **Hospital**
 - Managing flow through from ED to discharge
 - Alternative and more appropriate pathways for e.g. Frail Elderly
- **Hospital to Home**
 - Based on the 8 High Impact Change Model
 - Early Discharge Planning
 - Home first model

3 Key Risks

- 3.1 In light of all the planning and work being undertaken it must be recognised that the key Health and Social care partners are managing critical risks to delivery. In particular,
- Workforce
 - Operational Pressures
 - Financial Pressures
 - Engagement of all partners
 - Achieving a reduced Length of Hospital Stay (national focus).

4. Conclusion

- 4.1 The whole system recognises that working collaboratively to provide services is the most effective and efficient way to deliver the patient care required. The challenge is always to maintain that focus and hold fast to plans in light of increasing operational pressures.

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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Norfolk & Waveney STP UEC Governance: August 2018

STP – System Transformation Programme
 AEDB – A&E Delivery Board
 UEC – Urgent & Emergency Care
 SOAR – Systems Operations and Resilience
 UCT – Urgent Care Transformation

