Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: Tuesday 9 October 2018

Title of report: **Planning for winter across Health and Social Care in Kirklees**

Purpose of report:

As requested this report provides the Panel with an update on the planning and preparedness of the Kirklees partners in planning for the health and social care needs of the population over the winter period. It includes:

- The findings of the review of winter 2017-18 and proposed actions to take forward the lessons learnt.
- The work that is being done across the Health and Social Care System to prepare for the winter period 2018-19.
- Details of the proposed plans for winter 2018 -19.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	N/A
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by Strategic Director & name **Is it also signed off by the Service Director - Finance, IT and Transactional Services?** **Is it also signed off by the Service Director -Legal Governance and Commissioning?**	Richard Parry – 28/9/18 N/A N/A
Cabinet member portfolio	Cllr Cathy Scott, Portfolio Holder for Adults and Independence

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. BACKGROUND/KEY POINTS

1.1 A&E Delivery Boards

1.1.1 The focus for the operational response to the winter pressures in Kirklees is through the two local A&E Delivery Boards which are based on the acute Trust footprints; Calderdale and Huddersfield and Mid Yorkshire (in Mid Yorkshire this is called the A&E Improvement Group).

1.1.2 The plans are developed by the A&E Delivery Boards, supported by a representative from NHS England who sits on the board. Any change or modifications to the plans are discussed and agreed at the A&E Delivery Boards and monitoring against the plans is part of the monthly A&E Delivery Board agenda.

1.2 **Calderdale and Huddersfield**

In relation to the Calderdale and Huddersfield Acute Urgent Care system, the focus of the winter plan is to:

- Ensure preventative measures are in place (including: flu campaigns and pneumococcal immunisation programmes for patients and staff). Doing this can maximise public safety by promoting personal resilience.
- Ensure joint working arrangements are in place between Health and Social Care providers.
- Ensure winter infrastructure measures including emergency gritting, road clearance and access systems are in place.
- Be aware of and apply escalation though the Surge and Escalation Response plan as appropriate and in line with the processes defined.
- Require all providers to provide winter de-briefs weekly to establish an overview of the system and issues that may occur.

The Calderdale and Huddersfield draft System Winter Plan 2018-19 is attached as Appendix 1 to this report.

1.3. **Mid Yorkshire**

1.3.1 The Mid Yorkshire Acute Urgent Care system plan highlights how our partners in North Kirklees and Wakefield will work together to manage the pressures presented by winter.

1.3.2 Following last winter an Urgent Care Transformation Programme was implemented across the Health and Social Care System which is focused on addressing 8 key areas. This is a two-year transformation programme and as such improvements will span two years 18/19 and 19/20. Each programme of work is expected to make a contribution to improved system performance and patient experience in time for winter.

1.3.3 It is recognised that the number of older people in North Kirklees and Wakefield is increasing, which is contributing to growing demand for services, including hospital beds. Preventing hospital admissions, managing elective demand and reducing hospital length of stay will be imperative to meeting this challenge.

1.3.4 Multi Agency Discharge Events, implementation of red to green days, Ward Based Discharge and timely discharge into other settings will be important to reduce length of stay. Staffing continues to be a key challenge across the system, especially in the acute, community and mental health settings.

1.3.5 An improved communications plan is in development which has greater reach than previous years. The plan will focus on highlighting urgent care options to younger adults, who account for a significant number of minor attendances at Emergency Departments, and increasing flu vaccine uptake across target groups. Throughout winter there will be regular system calls to share information and move resources to areas of greatest need.

1.3.6 The Mid Yorkshire draft System Winter Plan 2018-19 is attached as Appendix 2 to this report.

1.4 **Locala**

1.4.1 Locala aims to provide high quality care for people in their own homes and in the Intermediate care beds it manages, meeting regulatory standards, minimising avoidable admissions, waits and cancellations, and facilitating timely discharge from hospital beds in partnership with the local acute providers.

1.4.2 Locala activity is split into two broad categories:

- Managing demand pressure in community caused by non-elective activity (A&E and in-patients) which is affected primarily by things like weather, incidence of infections and disease, an ageing population, etc. The local health economy has broadly the same range of services available this year as last. All other things being equal, therefore, non-elective activity is expected to be roughly similar to, or slightly higher than last year causing a similar anticipated increase in community demand.
- In order to manage any increased demand there will be a regular review of service provision in line with the agreed escalation process. It is recognised that Locala are providing services across 7 days into both acute sites. Learning from last winter has provided Locala with a robust plan to manage the activity in a planned way.

1.4.3 The Locala Winter Plan 2018-19 is attached as Appendix 3 to this report.

1.5 **Kirklees Council Adult Social Care**

1.5.1 The Council is committed to shifting towards a much more proactive, and prevention focussed approach to system pressures. This commitment has been backed up by significant additional investment in a wide range of adult social care services and development activity. The Panel has previously received reports on the Better Care Fund and Improved Better Care Fund. Most recently Cabinet has approved further additional investment in social care which includes a range of activity that is targeted at both preventing people's needs escalating to the point of requiring hospital admission or enabling them to leave hospital in a timely way and regain and maintain their independence.

1.5.2 To ensure that the Council is effectively planning and responding to the challenges across the system senior staff are actively involved in both A&E Delivery Boards. In addition there are regular meetings with both hospital based social care teams to focus on operational issues, and a separate monthly meeting to focus on system wide pressures across social care including the independent sector.

1.5.3 The Kirklees Council Winter Plan sets out the extensive range of activity and arrangements that are in place. A summary of the Kirklees Council Winter Plan 2018-19 is attached as Appendix 4.

1.5.4 The Council is undertaking additional developments that should improve outcomes and the effectiveness of adult social care and the wider system, including:

- Domiciliary Care – implementation of the new contract and work with providers around quality, recruitment and exploring new roles
- Care Homes – implementation of the 'bed state tool' and Red Bag Scheme

- Commissioning of ‘Choice & Recovery’ beds to enable people who are medically fit but need additional time to make the best choice for them about their future care needs to be cared for in a short term care/nursing home placement.
- Development of a new joint intermediate care/reablement pathway across Kirklees
- Development of integrated care pathways for community services which has the ‘discharge to assess’ model embedded within them
- Reviewing and refreshing Council procedures for the winter period and ensuring staff are clear about expectations and commitments at each OPEL level
- Working with partners to develop a system wide performance reporting dashboard and ensuring social care teams have access to real time data to support transfers of care
- Development of a shared approach to risk stratification across primary, community and social care to support the targeting of admissions avoidance activity
- As part of the Yorkshire Local Integrated Care Record Exemplar develop a fully integrated care record across Kirklees.

1.6. **Review of winter 2017-18**

1.6.1 In March 2018 the Kirklees Health and Wellbeing Board supported the proposal to undertake a Kirklees Health and Social Care System wide review of local experiences over winter 2017-18 to identify the key learning points and propose actions to:

- Improve outcomes and system efficiency and effectiveness; and
- Receive a report setting out the lessons learnt and the proposed actions for the Kirklees Health and Social Care System.

1.6.2 More than 40 people from across the system were interviewed individually or in groups. The lessons learnt were shared with both A&E Delivery Boards. The following proposals were identified, for approval with partners, for further development:

- Reviewing progress and arrangements for achieving the 8 high impact changes for managing transfers of care.
- Implementation of hospital ‘Moving on’ policies.
- A coherent system wide approach to population stratification and capacity planning.
- A system wide performance dashboard that reflects the range of partners contributions and challenges.
- Communications planning for urgent care and periods of system pressure.

1.6.3 The report presented to the Health and Wellbeing Board on the winter review is attached at Appendix 5.

1.6.4 In late 2017, the CQC instructed by the Secretary of State for Health was asked to develop a new approach to reviewing local health and care systems, to understand how services are working together to meet the needs of people who move between health and care services. The focus is on people aged over 65 across Health and Wellbeing Board areas. The first tranche of 20 reviews in the most challenged areas

has recently been completed and the findings published[1]. The emerging findings were used to inform our local review described above. Further areas to be reviewed will be announced in the coming months.

1.6.5 In the systems they reviewed, the CQC found individual organisations working to meet the needs of their local populations. However, they did not find that any had yet matured into joined-up, integrated systems. The CQC found that health and care services can achieve better outcomes for people when they work together, but joint working is not always easy. The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate. An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity. They key ingredients for effective system-working include:

- a common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- joint funding and commissioning
- the right staff with the right skills
- the right communication and information sharing channels
- a learning culture.

2. NEXT STEPS

Work will take place with partners to:

2.1 Agree and develop the proposals arising from the review of winter 2017-18.

2.2 Implement and monitor winter plans for 2018-19; evaluate the impact and share the evaluation across the system and identify any areas for further improvement.

3. OFFICER RECOMMENDATIONS AND REASONS

That the Panel:

3.1 Considers the content of this report.

3.2 Endorses the next steps.

4. IMPLICATIONS FOR THE PARTNERS

4.1 The review of winter 2017-18 highlighted the need to rebalance efforts across the Health and Social Care System.

[1] Beyond barriers - How older people move between health and social care in England. CQC. JULY 2018 https://www.cqc.org.uk/sites/default/files/20180702_beyond_barriers.pdf

4.2 Improvement activity needs to tackle the 'triple aim' set out in the Five Year Forward View, i.e. health and inequality; quality and care; finance and performance. Also the contributions and challenges of partners across acute hospitals, primary and community care, mental health, social care and the third sector through the proposed system wide performance dashboard.

5. CABINET PORTFOLIO HOLDER'S RECOMMENDATIONS

N/A

6. CONTACT OFFICERS

Helen Severns, Service Director – Integrated Commissioning, Greater Huddersfield CCG/North Kirklees CCG/Kirklees Council

Amanda Evans, Service Director for Adult Social Care Operations, Kirklees Council

Helen Barker, Chief Operating Officer, Calderdale and Huddersfield Foundation Trust

Trudie Davies, Chief Operating Officer, Mid Yorkshire Hospitals NHS Trust

Jane Close, Director of Operations, Locala Community Partnerships

7. BACKGROUND PAPERS AND HISTORY OF DECISIONS

Appendices to this report:

1. Calderdale and Huddersfield Winter Plan (draft)
2. Mid Yorkshire Winter Plan (draft)
3. Locala Winter Plan
4. Kirklees Council Winter Plan
5. Kirklees Winter Review 2017-18 – report to Health and Wellbeing Board

8. COUNCIL SERVICE DIRECTOR RESPONSIBLE

Amanda Evans, Service Director, Adult Social Care Operations (Kirklees Council)
Tel: 01484 221000

Winter Response Plan 2018/19

Version 3.0

August 2018

Calderdale and Greater Huddersfield Health Economy

CONTENTS

1. INTRODUCTION

1.1. PURPOSE

The Winter Response plan describes the agreed local processes for ensuring a co-ordinated and planned response to circumstances where a specific event associated with winter occurs. It should be used in conjunction with the Surge and Escalation Response plan and individual organisations Business Continuity Plans. Escalation using the Operational Pressures Escalation OPEL framework. Contacts and processes are all detailed in the Surge and Escalation Response plan content. This plan has been developed through the Calderdale and Greater Huddersfield A&E Delivery Board (A&EDB) structure by the following organisations (the Partners), all of whom have made a commitment to use the processes to support the system:

- Calderdale Clinical Commissioning Group (CCCG)
- Greater Huddersfield Clinical Commissioning Group (GHCCG
- Calderdale & Huddersfield Foundation Trust (CHFT)
- Calderdale Council
- Kirklees Council
- Locala CIC
- Spire Hospital Elland
- BMI Hospital, Huddersfield
- Local Care Direct (LCD)
- Yorkshire Ambulance Service (YAS)
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Voluntary Action Calderdale
- NHS England (NHSE)

This plan has been put in place to assist in the management of winter issues by those member organisations of the Calderdale and Greater Huddersfield (CGH) A&EDB.

1.2. AIM

The aim of this plan is to outline a framework for a response to winter issues within the Calderdale and Greater Huddersfield CCG (CGH CCG) health economy footprint.

1.3. OBJECTIVES

Key objectives are to:

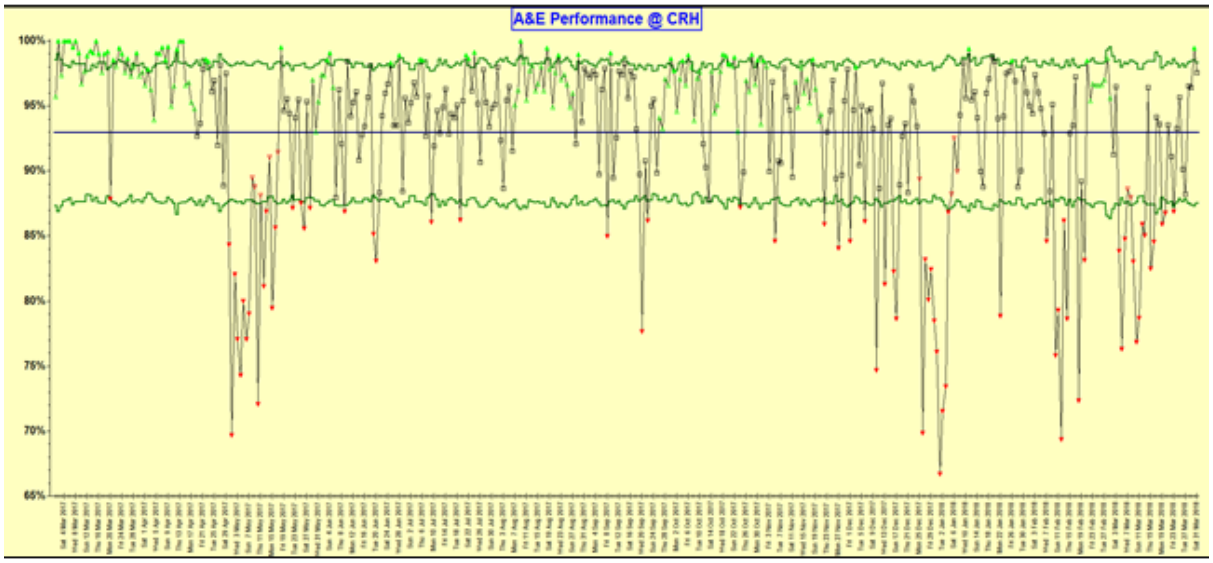
- Identify a shared understanding of responses to winter related issues across the CGH CCG health economy footprint.

- Identify what role Partners within the CGH CCG health economy footprint will play in response to winter related risks.

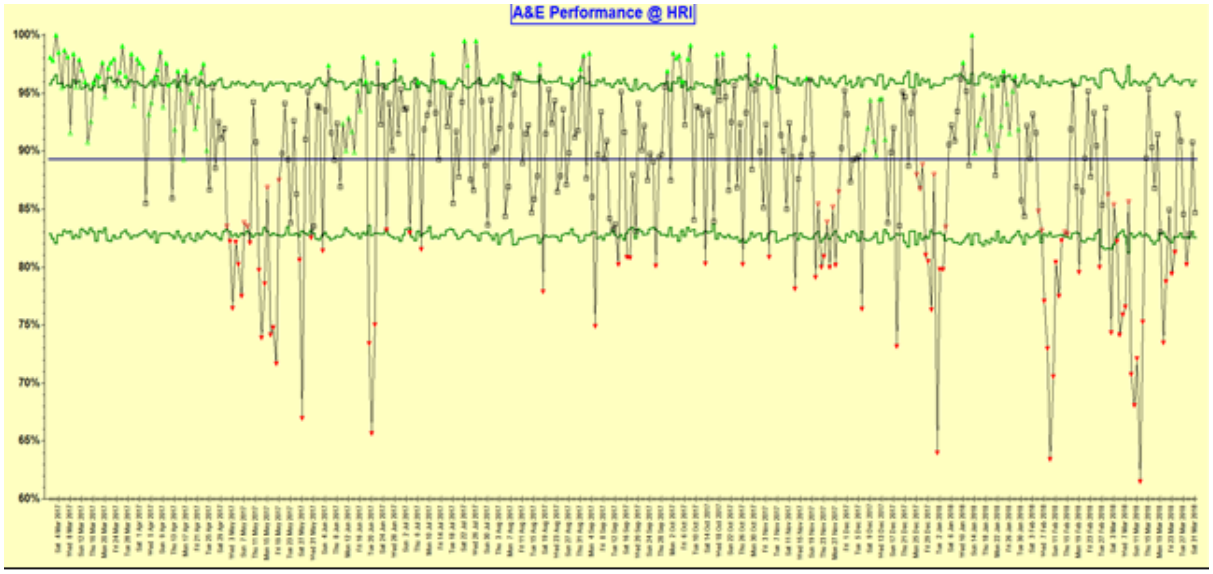
2. PLANNING FROM PREVIOUS WINTER DATA

2017/18 winter activity data taken from the Urgent Care Board summary that is delivered to the A&EDB monthly suggests that demand upon A&Es within our system was 0.5% higher compared to 16/17. Admissions via A&E show a dramatic rise in admissions from September 2017 and continued to January 2018 where it started to decrease. The A&EDB will continually review data on a monthly basis throughout the year and feed updates to NHSE on a weekly basis. Each chart below illustrates the daily variation in A&E performance by hospital site since March 2017 (data source - GMCHFT Dashboard)

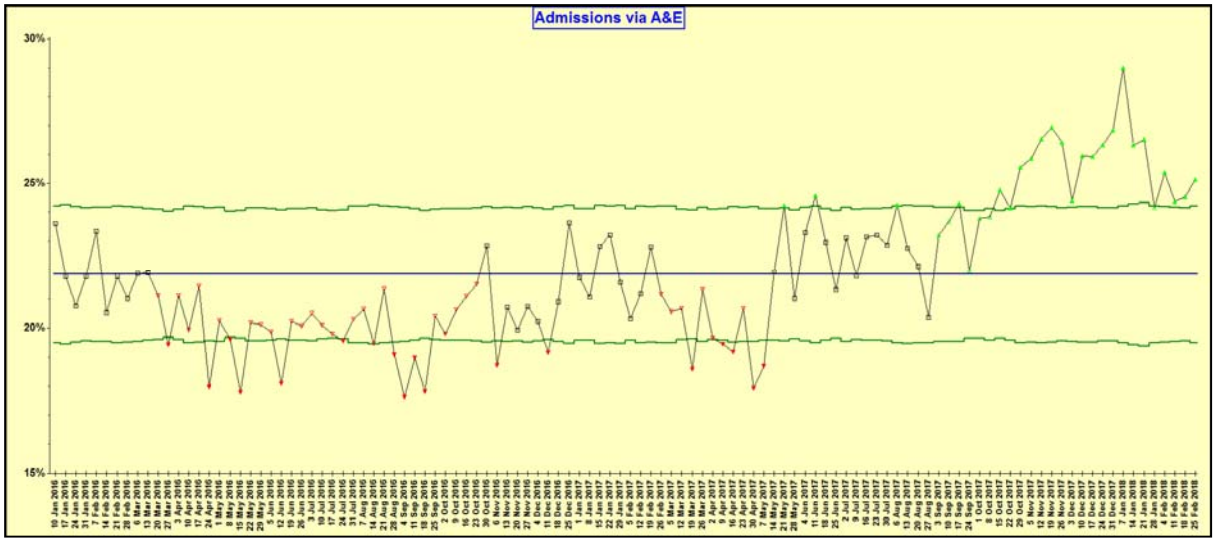
Demand on Calderdale Royal Hospital (CRH) Mar 17 – Mar 18



Demand on Huddersfield Royal Infirmary (HRI) July 17 – Feb 18



Admissions via A&E Jan 16 – Feb 18 The chart below highlights the weekly variation in the volume of emergency admissions at CHFT since October 2016 (data source - CHFT SITREP)



3. RISKS AND MITIGATIONS

3.1. DEMAND AND CAPACITY

Last winter we had seen an increase on demand within A&E and admissions via A&E. It is noted through the demand reports that the Ambulatory unit is not in operation over the weekend periods. Due to the high number of admissions via A&E discharging became a priority to keep the flow moving. Daily communications were initiated last winter and worked well to monitor the position and bottlenecks.

Partners are to plan demand and bed capacities using last winter's data and plan elective operations as they feel that are suitable for the system and achievable. Partners will have discretion on what elective action they take over the winter period to address rising demand within the system. Learning from winter 17/18, CHFT has profiled their elective activity programme to deliver 12 months activity in the first 9 months of the year facilitating the switch of bed capacity for non-elective pressures whilst maintaining activity levels. Day case and cancer inpatients will continue across the 12 months as will Trauma & Orthopaedics where the bed capacity is ring-fenced.

From winter 2017/18 Partners developed a Memorandum of Understanding (MoU) for Partners to offer mutual aid to other Partners in times of high pressure. Primarily this would be in the sharing of staffing resources. The use of the MoU can be initiated at any time by any Partner who has agreed to the terms through surge and escalation processes.

Partners are expected to have capacity planning in place over the winter period and manage staff leave effectively through this period. In taking into account staff sickness and seasonal illnesses there is a strong possibility that cardiovascular & respiratory disease demand will increase over the winter period; staffing within these areas may require additional planning from Partners.

To assist in maintaining the NHS constitution over the winter period the following actions are expected to be embedded within the system:

- Ensuring clear streaming processes are in place for minors and majors in order to deliver the 4-hour target in A&E.
- Increasing Primary Care accessibility and capacity

- Ensuring effective rota fulfilment in services that support A&E flow, for example GP streaming services.
- Enabling direct booking facilities from A&E to GP surgeries in Greater Huddersfield and Calderdale.
- Ensuring effective discharge process are in place to maintain and enhance patient flow, including implementation all 8 High impact changes.
- Ensuring ambulatory and frailty pathways are in place at both sites.

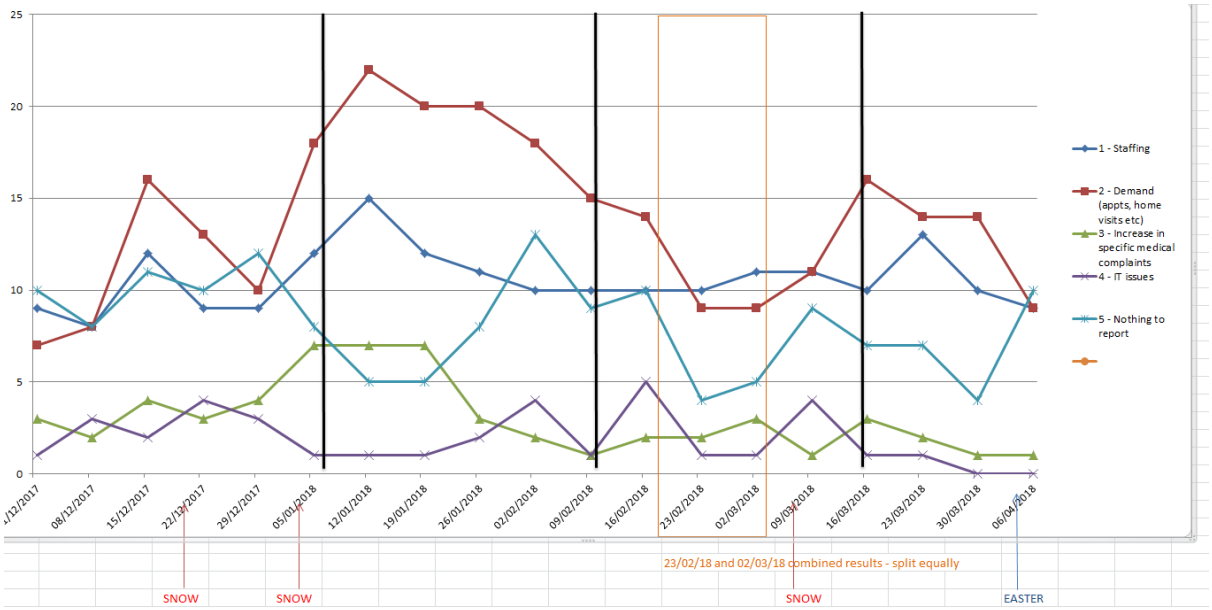
3.2 FUNDING

For 18/19 winter schemes funding has been agreed, allocated and budgeted. Improved Better Care Fund (IBCF) provisions are the responsibility of the local authorities and thus the CCGs will seek reassurance that the IBCF funding is being allocated appropriately via the A&EDB to ensure that the funding is achieving the best value for the system. It is recognised that the IBCF funding may not be directly allocated to the winter schemes, however the allocations will be expected to positively impact upon delivery of services over periods of pressure.

3.3 PRIMARY CARE

Primary care is an integral aspect of our system and provides much needed support to our population. Recent data shows that primary care demand is showing a sharp increase through January 18 and declining in February 2018. Below is a chart depicting primary care pressures within Greater Huddersfield and the specific areas that the pressures where at specifics times.

Greater Huddersfield Primary care pressure locations



CCGs have commissioned winter access schemes for both Calderdale and Greater Huddersfield.

Greater Huddersfield

Extended Hours Provision (My Health Huddersfield and Local Care Direct) provision will be increased in October 2018 to deliver the national target of 30 minutes per 1000 patients. The hub is based at Huddersfield Royal Infirmary and the spokes are linked to 17 GP practices to ensure equity of geographical access across the district.

Greater Huddersfield Extended hours (by surgery);

Practice	Providing Extended Hours DES	Hours Provided per week
Dearne Valley HC	No	
Shepley HC	No	
Elmwood Family Doctors	Yes	7.5
Dalton Surgery	No	
Meltham Road Surgery	Yes	
Honley Surgery	No	
Almondbury Surgery	No	
The Waterloo Practice	No	
Kirkburton HC	Yes	4
Lindley Group	Yes	5.5
The Grange Group	No	
Lepton Surgery	No	
Meltham Group Practice	No	
Lindley Village Surgery	No	
New St and Netherton	Yes	3.5
Newsome Surgery	Yes	3.25
Paddock and Longwood	No	
Thornton Lodge	No	
Woodhouse Hill	No	
Fieldhead	No	
Colne Valley	Yes	5.5
Dr Glencross	No	
Slaithwaite	Yes	3
Greenhead FD	Yes	1.5
Skelmanthorpe	Yes	4.75
University	Yes	7.25
Oaklands	Yes	5
Fartown Greed Road	No	
Bradford Road	Yes	2.5
Marsh	No	
Birkby	No	
Westbourne	No	
Clifton House	No	
Lockwood	No	
Whitehouse	No	
Junction	No	
Crosland Moor	No	

Calderdale

Following on from last winter's scheme, the expectation will be for practices as a minimum to provide "staff only" telephone contact details and work together to support the management of patient flow, this will be an all year round approach in addition to winter and bank holiday closures to further develop integrated approaches to patient care and patient education.

Winter resilience additional capacity in Calderdale practices will commence on the Monday 26th November 2018 up to the Friday 26th April 2019.

Calderdale extended hours (by Surgery);

Locality In hours Routine Capacity					Locality Winter and Bank Holidays additional capacity		
Practice Name	**Locality**	**Practice list size April 2018**		**Minimum standard for routine weekly appointments based on the 70/1000**	**5% Additional appointments required per week**	**Total Additional appointments over the 22 weeks**	
Hebden Bridge	1	18855		1320	66	1452	
Todmorden Grp Practice	1	13487		944	47	1038	
Locality Total		**32342**		**2264**	**113**	**2490**	
Church lane	2	11757		823	41	905	
Longroyde	2	4332		303	15	334	
Northolme	2	14899		1043	52	1147	
Rastrick	2	4715		330	17	363	
Rydings Hall	2	8522		597	30	656	
Southowram	2	2987		209	10	230	
Locality Total		**47212**		**3305**	**165**	**3635**	
Bankfield	3	8300		581	29	639	
Brig Royd	3	10394		728	36	800	
Burley Street	3	2063		144	7	159	
Meadow Dale	3	3618		253	13	279	
Stainland Road	3	11075		775	39	853	
Station Road	3	8759		613	31	674	
Locality Total		**44209**		**3095**	**155**	**3404**	
Beechwood	4	8664		606	30	667	
Caritas	4	9130		639	32	703	
Keighley Road	4	10152		711	36	782	
Lister Lane	4	7554		529	26	582	
Plane Trees	4	8463		592	30	652	
Locality Total		**43963**		**3077**	**154**	**3385**	
Boulevard	5	10036		703	35	773	
Horne Street	5	4169		292	15	321	
King Cross	5	7952		557	28	612	
Park & Calder	5	5451		382	19	420	
Queens Road	5	6459		452	23	497	
Rosegarth	5	10012		701	35	771	
Spring Hall	5	8656		606	30	667	
Locality Total		**52735**		**3691**	**185**	**4061**	
Totals		**220461**		**15432**	**772**	**16975**	

3.4 OUT OF HOURS SERVICE PROVISION

CCGs commissions Out of Hours GP Services from Local Care Direct (LCD). This covers the time period:

Day	Contractual period covered
Monday to Thursday	6:30pm to 8am on the following day
Friday Saturday Sunday	6:30pm until 8am on the following Monday
Good Friday, Christmas Day and Bank holidays	Full cover provided

3.5 COLD WEATHER AND SYSTEM RESILIENCE:

More information on cold weather and its impacts can be found to support this plan within the Public Health England Cold Weather Plan for England (**Section 3**); In September 2018 the CCG and the system will run exercise Frosty Yeti, that test the system in cold weather responses and pressures. This is a system wide table top exercise testing the responses and ability to escalate and de-escalate effectively and efficiently.

3.6 SEASONAL RELATED ILLNESS:

Principally these are respiratory and gastrointestinal related. Partners have Outbreak Plans and Business Continuity Plans in place to manage these risks as they occur. These plans may need to be activated alongside this plan and other appropriate response plans.

3.7 SERVICE DELIVERY AT BUSINESS AS USUAL LEVELS.

- Where any of these risks occurs extra pressures and demand may be felt on services and organisations may experience fluctuations in capacity. Where this is the case, it may be necessary to increase the Operation Pressures and Escalation levels (OPEL) to manage the situation as described within the CGH Surge and Escalation Response Plan.
- The Surge and escalation plan will be used to support this plan in events of escalated pressure or demand and OPEL levels actioned in line with the Surge and escalation plan.
- Organisations are reminded that they have flexibility to work at higher OPEL levels than required to mitigate issues more efficiently when required.

3.8 WINTER TEAMS

From last winter's learning the A&EDB had developed a working winter group that has representatives from all providers.

Organisation	Representative
CHFT	Bev Walker Mark Davies Helen Barker
Kirklees Council	Amanda Evans David McDonald Alistair Paul
Calderdale Council	Iain Baines Lorraine Andrews
SWYPFT	Stuart Bowdell
Calderdale CCG	Matt Walsh Debbie Graham Helen Wraith
Greater Huddersfield CCG	Carol McKenna Vicky Dutchburn Jon Parnaby
Locala	Jane Close Peter Horner

3.9 TRANSFERS OF CARE

Implementation of High Impact Changes:

It is widely acknowledged across the system (including the Calderdale Health and Wellbeing Board) that there is a need to reduce the harm to patients associated with delays in discharge. The impact of long stays in a hospital environment is well documented, particularly its contribution to de-conditioning and newly-termed 'pyjama paralysis'. Evidence indicates that 10 days in hospital can result in de-conditioning equivalent to 10 years. On discharge patients can be further impacted through social isolation and loneliness.

The high impact changes can be seen over the page.

Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care…

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Local Assessment of Current State	**8 High Impact Changes**							
	Discharge Planning	Patient Flow	MDT Working	Home first & Discharge to Assess	7DS	Trusted Assessor	Choice	Care Homes
1 – not yet		Apr 16			Apr 16	Apr 16		
2 - in place	Apr 16		Apr 16	Apr 16	Apr 17&18	Apr 17&18		
3 - established	Apr 17&18	Apr 17&18	Apr 17	Apr 17&18			Apr 16	Apr 16
4 - mature			Apr 18				Apr 17&18	Apr 17&18
5 - exemplary								

It is the systems ambition to reduce numbers of delays in care within our system. From learning through the year the system providers and CCGs will be conducting activities such as MADE (Multi Agency Discharge Events) on a weekly basis to identify and mitigate any delayed / stranded patients. It is encouraged that providers prior to winter conduct discharge focused activities to allow patient flow and capacity to be managed more effectively.

As a system response the DTOC group has been set up to lead this work and the A&EDB has oversight of this group. Prior to the winter period it is expected that the DTOC levels within the trust is the lowest is can possibly be, this will allow a more robust and flexible system that can deliver the best care for our localities.

4. SUMMARY OF OVERALL RESPONSE

During a response to winter issues, the overarching roles for partner organisations under this plan are to:

- Ensure preventative measures are in place (including: flu campaigns and pneumococcal immunisation programmes for patients and staff). Doing this can maximise public safety by promoting personal resilience;
- Ensure joint working arrangements are in place between health and social care providers;
- Ensure winter infrastructure measures including emergency gritting, road clearance and access systems are in place;
- Be aware of, and apply escalation though the Surge and Escalation Response plan as appropriate and in line with the processes defined.
- Establish all providers to provide a regular winter de-briefs weekly to establish an overview of the system and issues that may present themselves.

5. KEY ACTIONS TO WINTER ISSUES

The table below outlines some of the key winter related issues and the subsequent actions to help manage those should they occur.

Issue	Action	Responsibility
Seasonal related illnesses within the community causing an increase in demands on health services for assistance, diagnosis and medical prescriptions.	Monitor in relation to the agreed triggers and adjust the organisations Operational Pressures and Escalation Level (OPEL) in-line with arrangements under the CGH Surge and Escalation Response Plan. Vaccination programmes should be identified and implemented as appropriate. Where the illness is related to Flu consideration should be given to activating the West Yorkshire Resilience Forum Influenza Plan.	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England.
Seasonal related illness causing staff	Activate Business Continuity Plans and adjust the organisations OPEL Level in-line with arrangements	All organisations are to be responsible for

Issue	Action	Responsibility
absenteeism above normal levels due to staff sickness or staff having to be off work to care for those sick or unable to attend usual care facilities/schools due to closures.	under the C&GH Surge and Escalation Response Plan. Implementation and promotion of flu vaccinations for front line and critical service staff should occur to maximise uptake thereby increasing immunity and minimising the risk of staff absence due to their own sickness.	implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England or the relevant Public Health Team.
Response to impacts of Cold Weather causing issues with the transport network thereby affecting patient access to services.	Activate Individual organisations and any joint transport plans.	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the appropriate Local Authority or the CCG.
Response to impacts of Cold Weather causing issues with the transport network thereby affecting staff in getting to work and carrying out their business as usual activities e.g. travelling throughout their community to deliver services.	Activate Transport Plans and Business Continuity Plans. Also, where pressure and demand increases due to staff absenteeism consider adjusting the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan.	All organisations are to be responsible for implementing these actions as appropriate.
Response to impacts of Cold Weather causing issues with the transport network thereby affecting patient access to services. This will mean patients with life-threatening conditions must have vital treatment at home, (e.g.	Patients/clients to contact their hospital/care provider if there are concerns about being able to access critical care during bad weather. The hospital/care provider should triage the request for snow clearing/ gritting and contact the Local Authority customer care team direct: 01484 225646 (24 hours) for assistance. The triage system helps to establish which requests are urgent so resources can be prioritised accordingly. Information is being widely circulated to residents again this winter-including a guide to getting prepared for bad weather. The council websites and real time info is also available.	Kirklees Council and Calderdale Council.

Issue	Action	Responsibility
chemotherapy, kidney dialysis, etc) and health care workers must be able to make home visits. Gritting of roads to access patient homes is necessary.	http://www.kirklees.gov.uk/winter/ http://www.calderdale.gov.uk/v2/council/emergencies/preparing-emergencies/be-prepared-winter	
Tracking uptake of vaccinations	Where they are implemented tracking of vaccinations of vulnerable person uptake should occur (e.g. those under 3 and others in at risk groups). Where issues are detected in the uptake, identify actions and implement these as necessary to address this.	NHS England, Public Health England and Primary Care Teams
Access to flu vaccination services	Offer an enhanced flu vaccine service via community pharmacies commissioned to provide flu vaccine to at risk patients.	NHS England, Public Health England and Primary Care Teams All providers
General increases in staff absenteeism	Activate Business Continuity Plans and adjust the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan. All organisations re responsible for managing planned leave to ensure that times of high demand are covered.	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the CCGs.
Safe staffing levels in A&Es on both sites	Activate Business Continuity Plans for A&E Adjust the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan. A&E acute provider should be monitoring the activity within departments Effective discharge processes in place refer to Adult Discharge Policy. A&E front door signposting and streaming. Other providers to offer support and assistance to relieve pressure within A&E	CHFT Kirklees Council/Calderdale MBC
Staffing levels	Activate individual organisations Business Continuity Plans and adjust the organisations' OPEL Level in-line with arrangements under the CGH Surge and	CHFT, Locala, Kirklees Council, Calderdale Council

Issue	Action	Responsibility
	Escalation Response Plan. Activate Comms Plan to communicate the issue and risks, Communicate to general public via comms route. Ensure effective signposting and streaming All providers to communicate area of issues (community, Acute, Primary Care) internally and offer assistance if available.	

6. WELLBEING IN WINTER AND EXCESS WINTER DEATHS

Cold temperatures can affect physical and mental health and wellbeing and potentially cause an increase in mortality rates during the winter period. In order to manage physical and mental wellbeing in winter it is therefore necessary to ensure community members have access to warmth, via affordable heating for their homes and hot food and drinks.

- Local authorities and voluntary sector will co-ordinate the delivery of affordable warmth schemes.

- Both Calderdale and Greater Huddersfield have activated the primary care winter schemes to enhance GP access in order to support the system through winter as referenced earlier in the plan.

- Prior to each winter period Public Health England release an England wide overarching Cold Weather Plan. Within this document is guidance for responders.

- This plan identifies a national system for warning responders and the community about the risks of winter weather by a numeric system as follows:
  - **Level 1:** Winter preparedness and action;
  - **Level 2:** Severe winter weather is forecast (alert and readiness);
  - **Level 3:** Severe weather action;
  - **Level 4:** Major Incident (emergency response).

For more details on cold weather levels, actions to consider or other general further information on cold weather related to winter please see the UK Cold Weather Plan for England[1].

[1] **Note:** an up to date copy can be viewed online at: https://www.gov.uk/government/collections/cold-weather-plan-for-england

7. FLU PLANS

The National Flu Plan[2] sets out a co-ordinated and evidence based approach to planning for and responding to the demands of flu across England.
The National Flu Plan provides the public and health care professionals with an overview of the co-ordination and the preparation for the flu season and signposting to further guidance and information.

Those organisations within the C&GH A&EDB should be able to provide assurance and evidence that the considerations within the National Flu Plan are within their own flu/outbreak response plans and arrangements.

More details on a National response to flu and best practice for planning and response at a local level please see the National Flu Response Plan.

More locally there is the West Yorkshire Flu Plan. The requirements of this plan should be met as far as practicable in response in planning and response to flu incidents.

8. PUBLIC INFORMATION

Public Communications should be in line with the CCGs and Partners Winter Communications Plans.

Things to be communicated include, but are not limited to:

- Only using A&E and 999 when you really need it;
- Services and accessibility (including holiday opening times well in advance of those days being reached);
- Promote the use of high street pharmacies for common medical complaints;
- Having a well-stocked medicine cabinet;
- Using the online NHS symptom checker;
- CPWY opening times over bank holidays;
- Ensuring repeat prescriptions are ordered and collected in time.
- Prevention of spread and managing seasonal illnesses being experienced (e.g. influenza, norovirus etc.);
- Ice warnings over slips/trips/falls.

- Options for communicating with the public include, but are not limited to:
- Media campaigns (e.g. radio/TV adverts);
- Via front line staff support and advice;
- Via work and projects with the voluntary sector and community groups;
- Social media posts;
- Leaflets/posters in GP and Secondary Care environments;
- Mailshots (particularly targeting the vulnerable).

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[2] **Note:** National Flu plan 2017-18 can be viewed online at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600880/annual_flu__letter_2017to2018.pdf


DRAFT CCCG Stay Well this Winter comm


DRAFT Winter Comms Plan NK & GH

9. APPENDICES / ASSOCIATED DOCUMENTS

This section outlines the documents which have been used in the creation of this document and which support this document's implementation.

The documents identified in this section may be referred to throughout the document where necessary.

- Organisational specific Incidents Response Plan/Major Incident Plan;
- Organisational specific Business Continuity Plans;
- Calderdale and Greater Huddersfield Surge and Escalation Response Plan;
- National Flu Plan (2017-2018);
- Cold Weather Plan for England (2016-17) - https://www.gov.uk/government/collections/cold-weather-plan-for-england
- Organisation specific Infection Outbreak Plans;
- Local Authority Adverse Weather Plans;
- Local Authority Local Transport Plans;
- YAS Winter Concept of Operations (includes NHS 111 and Patient Transport Services).

APPENDIX A: TABLE OF PROGRESS AND AMENDMENTS

Version	Date	Created by / Amendments made by	Comments
Version 1.0	July 2018	Review for 2018/19 Winter plan updated with learning 17/18	Draft
Version 2.0	Aug 2018	Added: data and learning, Risk and Mitigations, Updated Demand and Capacity, Funding, Winter Teams, Cold weather and resilience, Primary care and updated DTOC	Draft
Version 3.0	Sep 2018	Reformatting	Draft

APPENDIX B: SUMMARY COLD WEATHER ACTIONS FOR HEALTH AND SOCIAL CARE ORGANISATIONS AND PROFESSIONALS, COMMUNITIES AND INDIVIDUALS

	Level 0	Level 1	Level 2	Level 3	Level 4
	Year-round planning *All Year*	**Winter preparedness and action** *1 November to 31 March*	**Severe winter weather forecast – Alert and readiness** *Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 60% confidence*	**Severe weather action** *Mean temperatures of 2°C and/or widespread ice and heavy snow*	**Major incident – Emergency response**

	Level 0	Level 1	Level 2	Level 3	Level 4
Commissioners of health and social care	1) Take strategic approach to reduction of EWDs and fuel poverty. 2) Ensure winter plans reduce health inequalities. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Communicate alerts and messages to staff/public/media. 2) Ensure partners are aware of alert system and actions. 3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.	1) Continue level 1 actions. 2) Ensure partners can access advice and make best use of available capacity. 3) Activate business continuity arrangements as required.	1) Continue level 2 actions. 2) Ensure key partners are taking appropriate action. 3) Work with partners to ensure access to critical services.	

	Level 0	Level 1	Level 2	Level 3	Level 4
Provider organisations	1) Ensure organisation can identify and support most vulnerable. 2) Plan for joined up support with partner organisations. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Ensure cold weather alerts are going to right staff and actions agreed and implemented. 2) Ensure staff in all settings are considering room temperature. 3) Ensure data sharing and referral arrangements in place.	1) Continue level 1 actions. 2) Ensure carers receiving support and advice. 3) Activate business continuity arrangements as required; plan for surge in demand.	1) Continue level 2. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Implement local plans to ensure vulnerable people contacted.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the

	Level 0	Level 1	Level 2	Level 3	Level 4
Frontline staff – care facilities and community	1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures. 2) Ensure awareness of health effects of cold and how to spot symptoms. 3) Encourage colleagues/clients to have flu vaccinations.	1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction. 2) Check room temperatures and ensure referral as appropriate. 3) Signpost clients to other services using 'Keep Warm Keep Well' booklet.	1) Continue level 1 actions. 2) Consider prioritising those most vulnerable and provide advice as appropriate. 3) Check room temperatures and ensure urgent referral as appropriate.	1) Continue level 2 actions. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Prioritise those most vulnerable.	Civil Contingencies Secretariat (CCS) based in the Cabinet Office. All level 3 responsibilities to be maintained unless advised to the contrary.

	Level 0	Level 1	Level 2	Level 3	Level 4
GPs and their staff	1) Be aware of emergency planning measures relevant to general practice. 2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals. 3) Signpost appropriate patients to other services when they present for other reasons.	1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements. 2) Be aware of systems to refer patients to appropriate services from other agencies. 3) When making home visits, be aware of the room temperature.	1) Continue level 1 actions. 2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health. 3) When prioritising visits, consider vulnerability to cold as a factor in decision making.	1) Continue level 2 actions. 2) Expect surge in demand near future. 3) Ensure staff aware of cold weather risks and can advise appropriately.	

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements. 2) Develop a community emergency plan to identify and support vulnerable neighbours. 3) Agree arrangements with other community groups to maximise service for and contact with vulnerable people.	1) Test community emergency plans to ensure that roles, responsibilities and actions are clear. 2) Set up rotas of volunteers to keep the community safe in cold weather and check on vulnerable people. 3) Actively engage with vulnerable people and support them to seek help.	1) Activate the community emergency plan. 2) Activate the business continuity plan. 3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly.	1) Continue level 2 actions. 2) Ensure volunteers are appropriately supported. 3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions,

	Level 0	Level 1	Level 2	Level 3	Level 4
National level	1) CO will lead on co-ordinating cross-government work; individual government departments will work with partners on winter preparations. 2) DH, PHE and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths. 3) PHE and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice.	1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders. 2) PHE and NHS England will make advice available to the public and professionals. 3) NHS England will continue to hold health services to account for action and PHE will routinely monitor syndromic, influenza, norovirus and mortality surveillance data.	1) Continue level 1 actions. 2) DH will ensure that other government departments, particularly DCLG RED, are aware of the change in alert level and brief ministers as appropriate. 3) Government departments should cascade the information through their own partner networks and frontline communication systems.	1) Continue level 2 actions. 2) NHS England will muster mutual aid when requested by local services. 3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold.	coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office. All level 3 responsibilities to be maintained unless advised to the contrary

	Level 0	Level 1	Level 2	Level 3	Level 4
Individuals	1) Seek good advice about improving the energy efficiency of your home and staying warm in winter; have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer. 2) Check your entitlements and benefits; seek income maximisation advice and other services. 3) Get a flu jab if you are in a risk group (September/October).	1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you. 2) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time 3) Look out for vulnerable neighbours and help them prepare for winter.	1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather. 2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance. 3) Take the weather into account when planning your activity over the following days.	1) Continue level 2 actions. 2) Dress warmly; take warm food drinks regularly; keep active. If you have to go out, take appropriate precautions. 3) Check on those you know are at risk.	Follow key public health and weather alert messages as broadcast on the media.

DRAFT Winter Plan 2018/ 19

Mid Yorkshire A&E Improvement Group

Version Control

Date	Version	Status
17.07.18	Version 0.1	Draft

DRAFT

Document Name:	Mid Yorkshire A&E Improvement Group Winter Plan 2018/19
Author:	Andrew Singleton Sharon Wallis
Plan Owner:	Mid Yorkshire A&E Improvement Group
Issue Date:	

Contents

Executive Summary

- The plan highlights how our partners in North Kirklees and Wakefield will work together to manage the pressures presented by winter.
- Following last winter an Urgent Care Transformation Programme was implemented across the health and social care system. This is focused on addressing 8 key areas. Some improvements will be made in time for winter 2018/19, but other improvements have a longer timescales
- The number of older people in North Kirklees and Wakefield is increasing, which is contributing to increased demand for services, including hospital beds.
- Preventing hospital admissions, managing elective demand and reducing hospital length of stay will be imperative to meeting this challenge.
- Multi Agency Discharge Events, implementation of red to green days, Ward Based Discharge and timely discharge into other settings will be important to reduce length of stay.
- Staffing continues to be a key challenge across the system, especially in the acute, community and mental health settings.
- There will be an improved communications plan with greater reach. This will focus on highlighting urgent care options to younger adults, who account for a significant number of minor attendances at Emergency Departments and increasing flu vaccine uptake across target groups.
- Throughout winter there will be regular system calls to share information and move resources to areas of greatest need.

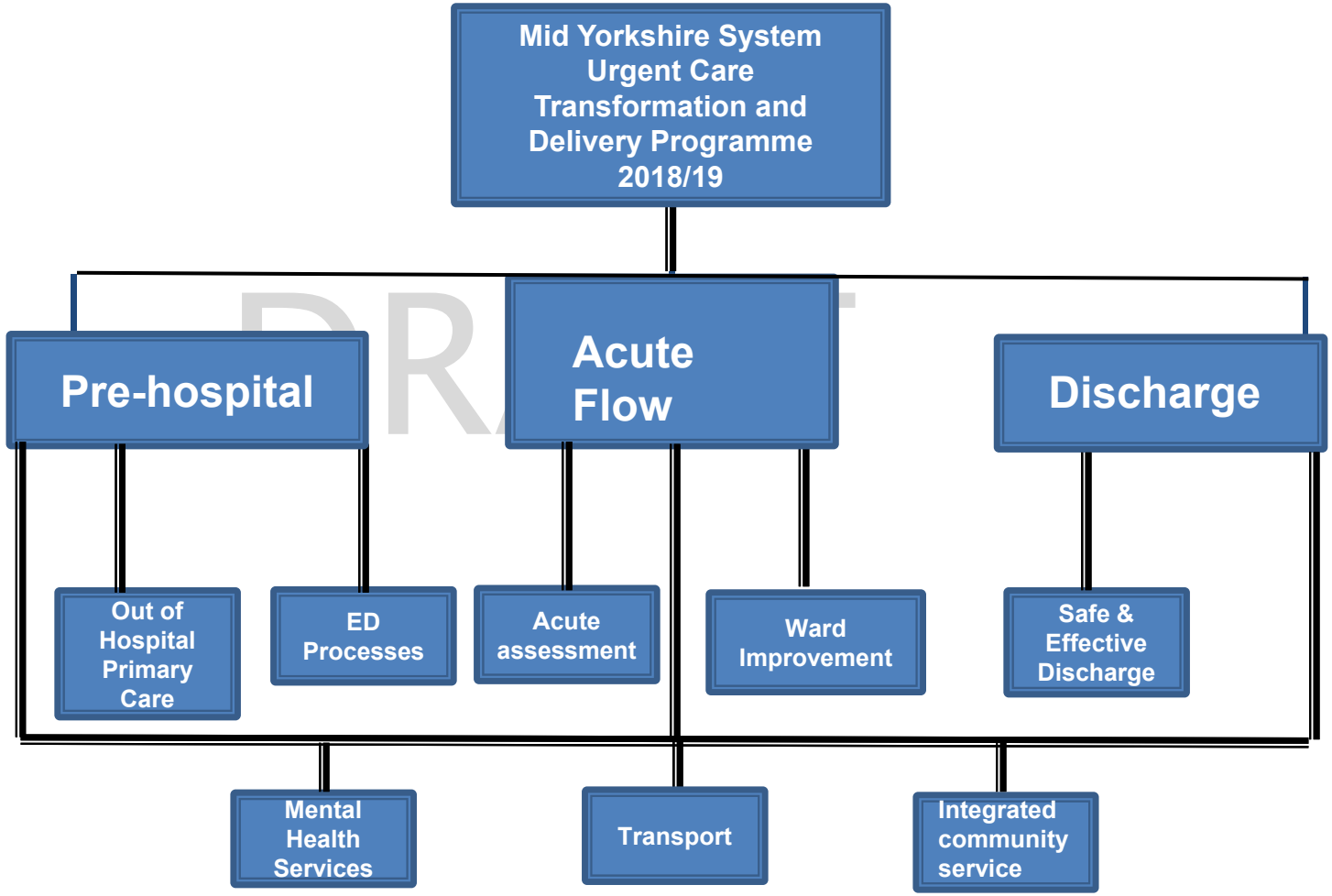
Background and Context

Along with the Emergency Care Standard target there is a national focus on long stay hospital patients. Nearly 350,000 patients nationally currently spend over three weeks in an acute hospital each year. Many of these are older people with reduced functional ability (frailty) and/or cognitive impairment (delirium or dementia). Long-stay patients account for about 8% of overnight admissions, have an average length of stay (LoS) of about 40 days. Around one-fifth of beds are occupied by patients who have already been in hospital for three weeks.

- The period from November 2018 to March 2019 will contain a number of significant challenges to the health and social care economy across the A&E Improvement Group and its ability to deliver safe, high quality patient care.
- Increased demand for healthcare services in winter exerts severe pressure on the NHS, with an increase in acute presentations including respiratory, gastrointestinal and cardiovascular diseases. Infectious diseases become more prevalent. Cold weather related physiological changes can also precipitate health problems, such as the winter peak in acute heart failure.
- For every degree drop in temperature below 5 degrees Celsius, there is a 10.5% increase in primary care respiratory consultations from people aged over 65 up to 15 days later and a subsequent 0.8% increase in respiratory admissions in the following weeks.
- A concurrent rise in influenza-like illness and acute bronchitis may predict a peak of increased respiratory admissions after one to three weeks.
- This plan covers winter planning arrangements across the Mid Yorkshire Hospitals footprint, which includes North Kirklees CCG and Wakefield CCG.
- There is an Urgent Care Transformation Programme in Place, with 8 work streams. This is a two year programme. The scheme is summarised on the following page.
- The winter plan is focused on a risk based approach. The winter risk register is included at the end of this document.

Urgent Care and Transformation Programme 2018/19

A summary of the learning from last winter is summarised throughout the plan. This learning informed an Urgent Care and Transformation Programme. Improvements from these schemes which will be in place for this winter are listed in the rest of the plan.



Aim and Objectives of the plan

Aim: The aim of this plan is to articulate how as a health and social care system we intend to maintain safety and minimise harm for our patients / service users by ensuring sufficient capacity within the health and social care economy to meet predicted demand during the winter period.

Objectives:

- Summarise how last winter progressed, what recommendations were set out follow following the review of winter and describe progress in implementing the recommendations.
- Summarise the 24:7 escalation and contingency arrangements which exist as part of OPEL.
- Identify gaps, key risks and mitigations.
- Summarise how the system will maintain services, for both planned and activity.
- Demonstrate ongoing year round transformation in dealing with capacity and demand.

Governance

- This winter plan, associated risks and actions are owned by the Mid Yorkshire A&E Improvement Group (Local A&E Delivery Board equivalent). The is chaired by the Chief Executive of Mid Yorkshire Hospitals NHS Trust and attendees including directors and senior managers from the following organisations.
- Mid Yorkshire Hospitals NHS Trust (Acute Trust and community nursing and therapy provider in Wakefield)
- Yorkshire Ambulance Service
- Locala (Provides community nursing, therapy and walk-in centre in North Kirklees)
- Local Care Direct (Provider of GP out of hours service across in West Yorkshire and walk-in centre in Wakefield)
- Connexus (Provider of GP extended hours service)
- South West Yorkshire Partnership NHS Foundation Trust
- Kirklees Council
- Wakefield Council
- Community Pharmacy West Yorkshire
- North Kirklees Clinical Commissioning Group
- Wakefield Clinical Commissioning Group

CCG Population Size Growth

The table below summarises population growth of North Kirklees and Wakefield CCG patients over a 3 year period. Growth patterns are similar, with noticeable growth in patients aged 70+. This growth is likely to drive continued high demand for services this winter.

Age Group	Number of CCG patients – June 2018		Proportion		Growth in number of patients since July 2015		% Increase in growth since July 2015	
	North Kirklees	Wakefield	North Kirklees	Wakefield	North Kirklees	Wakefield	North Kirklees	Wakefield
0_4	12083	21151	6.24%	5.65%	-544	-91	-4.31%	-0.43%
5_9	13679	22672	7.06%	6.06%	416	1310	3.14%	6.13%
10_14	13225	21046	6.82%	5.63%	826	1867	6.66%	9.73%
15_19	11983	19104	6.18%	5.11%	-33	-1203	-0.27%	-5.92%
20_24	11796	20601	6.09%	5.51%	-130	-1170	-1.09%	-5.37%
25_29	13355	25547	6.89%	6.83%	12	1032	0.09%	4.21%
30_34	14054	26578	7.25%	7.10%	415	2546	3.04%	**10.59%**
35_39	13748	24428	7.09%	6.53%	1252	2614	**10.02%**	**11.98%**
40_44	12112	22255	6.25%	5.95%	-967	-2806	-7.39%	**-11.20%**
45_49	13688	27741	7.06%	7.41%	182	-653	1.35%	-2.30%
50_54	12763	28294	6.59%	7.56%	591	1597	4.86%	5.98%
55_59	11253	25286	5.81%	6.76%	690	2097	6.53%	9.04%
60_64	9630	21618	4.97%	5.78%	213	1169	2.26%	5.72%
65_69	8922	19801	4.60%	5.29%	-606	-1376	-6.36%	-6.50%
70_74	8130	18824	4.20%	5.03%	1222	3205	**17.69%**	**20.52%**
75_79	5620	12457	2.90%	3.33%	88	460	1.59%	3.83%
80_84	4130	9025	2.13%	2.41%	345	608	9.11%	7.22%
85_89	2367	5057	1.22%	1.35%	87	267	3.82%	5.57%
90_94	958	2084	0.49%	0.56%	-2	99	-0.21%	4.99%
95+	289	581	0.15%	0.16%	30	73	**11.58%**	**14.37%**
Total	**193785**	**374150**	**100.00%**	**100.00%**	**4087**	**11645**	**2.15%**	**3.21%**

Learning from winter and responding

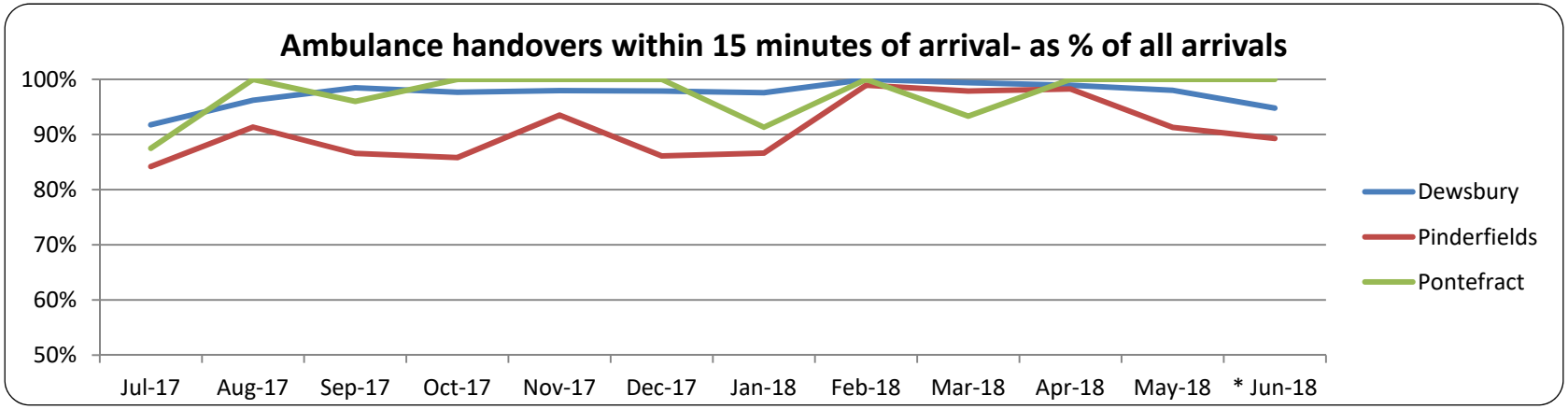
Acute Trust

Acute Hospital Services	Winter Review
What went well last winter?	MYHT Executive Led Winter Room supported significant improvements in ED 4 hour performance compared to last year, with performance consistently above national average. Week ending 11 February 2018 MYHT was rated 25/137 acute trusts. Further improvement is required. Maintained really good ambulance handover performance. 93.9% in both November and December 2017. Performance overall across YAS for handover in December 2017 was 66.7%. Ambulatory Care and Frailty streams have helped take people from the ED Examples of the system working really well to discharge medically optimised patients. For example at Dewsbury and District Hospital the number of discharges doubled over 3 days as a result of this work.
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Medical staffing at the Pinderfields site, the Emergency Department and Acute Assessment Unit Working with social care partners to implement a ward based discharge model to reduce the number of medically optimised patients in hospital and reduce the dependence on additional capacity beds.

Ambulance Handover

Current Status: MYHT is consistently one of the best performing trusts for ambulance handover performance in Yorkshire.

At the Pinderfields the Trust uses an emergency care flow nurse to enable timely ambulance handovers. This role is staffed from 10am to 10pm 7 days per week as a minimum. At times of pressure Yorkshire Ambulance Service has supported MYHT by providing an Hospital Ambulance Liaison Officer to assist .



Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	* Jun-18
Dewsbury	92%	96%	98%	98%	98%	98%	98%	100%	99%	99%	98%	95%
Pinderfields	84%	91%	87%	86%	94%	86%	87%	99%	98%	98%	91%	89%
Pontefract	88%	100%	96%	100%	100%	100%	91%	100%	93%	100%	100%	100%
Trust	**86%**	**93%**	**88%**	**87%**	**94%**	**87%**	**87%**	**99%**	**98%**	**98%**	**92%**	**90%**
* Up to 17th June 18 figures are unvalidated.												

- May figures are not validated at the time of publication, early indications suggest this will be 98%

Gaps: There are no significant gaps in performance which need addressing.

MYHT Emergency Department Attendances

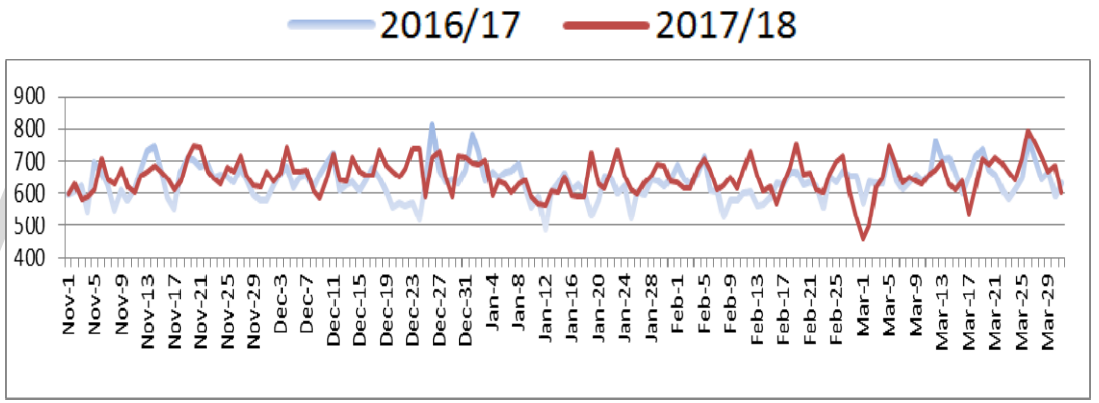
Current Status:

- ED attendances increased overall during winter by 3%
- Performance in November and December was better than in previous years (despite an activity increase), whilst March was worse (despite an activity decrease).
- Case mix changes appear to account for the performance position
- MYHT 60th in country over winter in terms of ECS but higher in some months (25th in February)

ED Attendances

Based on left department date

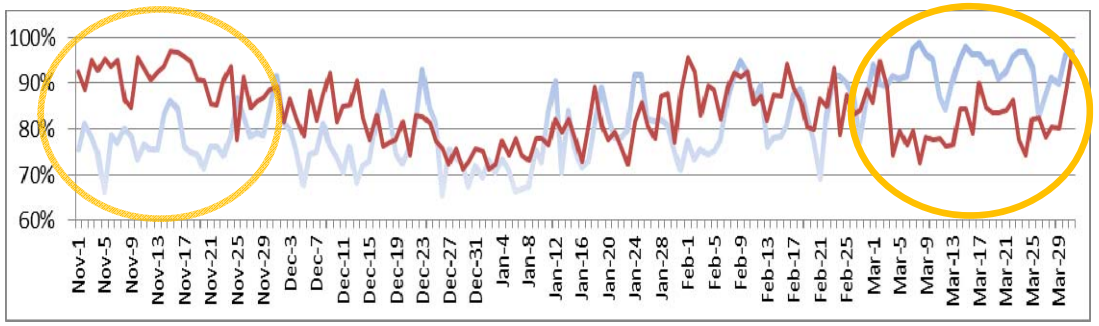
Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	19213	19690	19390	17454	20374	**96121**
2017/18	19600	20860	19761	18110	20344	**98675**
+/-	2%	6%	2%	4%	0%	**3%**



ED PERFORMANCE

Based on left department date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	78.0%	76.6%	77.1%	82.9%	92.9%	**81.6%**
2017/18	90.7%	80.8%	78.8%	87.1%	81.6%	**83.7%**



MYHT Emergency Department Attendances

The tables below show an even spread of the number of major attendances by age, but older age groups are more likely to be admitted. Minor ED attendances are higher amongst children and young adults.

Trust ED Attendances

Triage	Age	Nov	Dec	Jan	Feb	Mar	Total
Major	0-9	871	777	628	556	579	**3411**
	10-19	477	471	435	410	417	**2210**
	20-29	872	891	811	815	858	**4247**
	30-39	770	796	760	667	785	**3778**
	40-49	703	713	756	626	670	**3468**
	50-59	685	729	765	654	722	**3555**
	60-69	618	723	712	619	640	**3312**
	70-79	746	902	859	762	820	**4089**
	80-89	665	734	790	658	730	**3577**
	90+	236	250	270	236	255	**1247**
Minor	0-9	2526	2594	2141	2218	2414	**11893**
	10-19	1858	1553	1661	1630	1890	**8592**
	20-29	1478	1778	1634	1512	1768	**8170**
	30-39	1259	1362	1366	1282	1540	**6809**
	40-49	996	1167	1101	1055	1221	**5540**
	50-59	893	1028	979	939	1095	**4934**
	60-69	577	812	710	585	739	**3423**
	70-79	551	703	608	558	646	**3066**
	80-89	393	593	460	350	494	**2290**
	90+	95	147	137	122	133	**634**
Unknown	0-9	195	193	157	195	149	**889**
	10-19	233	185	223	190	168	**999**
	20-29	469	418	505	371	416	**2179**
	30-39	383	377	383	316	327	**1786**
	40-49	334	312	303	280	258	**1487**
	50-59	275	250	232	185	240	**1182**
	60-69	183	162	143	130	152	**770**
	70-79	147	138	121	116	118	**640**
	80-89	92	83	78	56	83	**392**
	90+	20	19	29	17	17	**102**
Grand Total		**19600**	**20860**	**19757**	**18110**	**20344**	**98671**

Trust ED Admissions

Triage	Age	Nov	Dec	Jan	Feb	Mar	Total
Major	0-9	281	235	215	174	166	**1071**
	10-19	145	125	123	101	122	**616**
	20-29	269	230	208	213	218	**1138**
	30-39	271	214	218	190	221	**1114**
	40-49	257	213	253	215	225	**1163**
	50-59	277	296	244	237	282	**1336**
	60-69	342	356	338	319	311	**1666**
	70-79	463	560	531	446	503	**2503**
	80-89	443	501	546	432	484	**2406**
	90+	167	185	177	174	189	**892**
Minor	0-9	248	231	211	186	197	**1073**
	10-19	152	119	124	145	150	**690**
	20-29	151	173	176	166	164	**830**
	30-39	141	142	140	128	149	**700**
	40-49	134	124	105	122	120	**605**
	50-59	104	130	125	123	152	**634**
	60-69	118	158	128	119	122	**645**
	70-79	158	211	177	144	168	**858**
	80-89	178	245	187	135	205	**950**
	90+	55	77	66	59	72	**329**
Unknown	0-9	32	29	21	14	20	**116**
	10-19	14	8	12	20	8	**62**
	20-29	46	20	36	22	27	**151**
	30-39	22	27	23	11	28	**111**
	40-49	41	23	19	18	21	**122**
	50-59	39	23	35	22	28	**147**
	60-69	35	34	34	32	37	**172**
	70-79	46	44	36	44	43	**213**
	80-89	48	46	37	39	42	**212**
	90+	11	12	24	11	12	**70**
Grand Total		**4688**	**4791**	**4569**	**4061**	**4486**	**22595**

MYHT Emergency Department Attendances

- The admission conversion rate remained fairly static across 2 years. This is despite pathway changes to enable access to beds and the impact of AHR
- There was a 2% increase in the number of patients brought by ambulance. This potentially reflects increasing acuity

ED Conversion Rate

Based on left department date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	21.9%	21.9%	22.5%	23.4%	23.3%	**22.6%**
2017/18	23.9%	23.0%	23.1%	22.4%	22.1%	**22.9%**

ED Admissions - Arrival Mode - Ambulance/Helicopter

Based on left department date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	50.0%	50.3%	51.7%	51.6%	53.7%	**51.5%**
2017/18	55.4%	52.6%	53.3%	52.4%	52.6%	**53.2%**

ED Admissions - Arrival Mode - Walk in/Own transport

Based on left department date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	13.5%	13.0%	13.5%	14.5%	15.1%	**13.9%**
2017/18	15.5%	14.1%	14.2%	13.9%	13.8%	**14.3%**

Ambulatory Care activity and Non Elective admissions

- Pathway changes mean that non-elective activity must be considered as a combination of admissions and Ambulatory Emergency Care (AEC) activity
- There is a month on month increase in the total in all months other than March
- Note the correlation between better performance and increased use of AEC – sitting alongside increased activity
- Prior to 2017/18 Pinderfields AEC moved location, so it could no longer be used for inpatients and allowed for an increase in activity.

NON-ELECTIVE EMERGENCY ADMISSIONS

Excluding admissions to Ambulatory Emergency Care

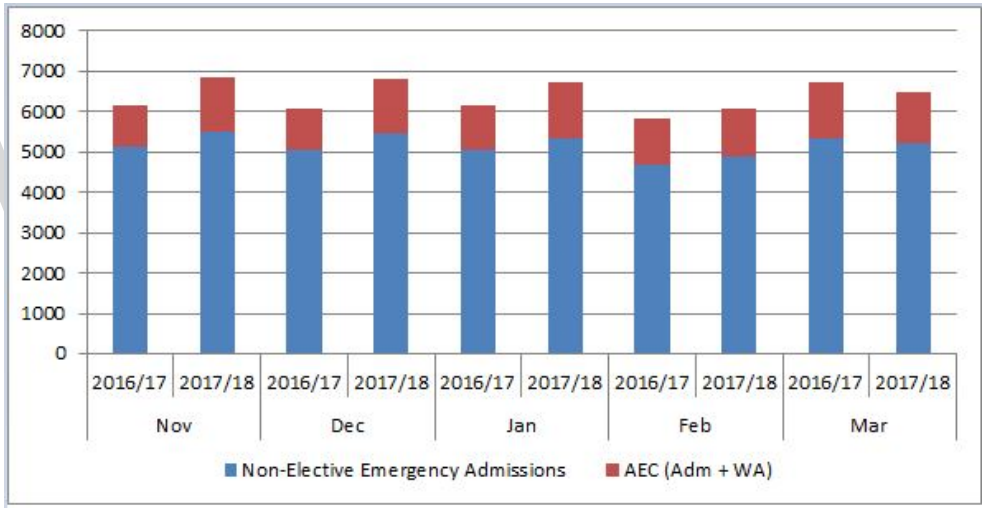
Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	5143	5058	5059	4695	5331	**25286**
2017/18	5509	5481	5348	4887	5197	**26422**
+/-	7%	8%	6%	4%	-3%	**4%**

AMBULATORY EMERGENCY CARE - Both Wards (AAE, GAM)

Includes Admissions and Ward Attenders

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	999	1006	1094	1130	1378	**5607**
2017/18	1322	1346	1380	1192	1290	**6530**
+/-	32%	34%	26%	5%	-6%	**16%**



NON-ELECTIVE EMERGENCY ADMISSIONS PLUS AMBULATORY EMERGENCY CARE

Includes AEC Ward Attenders and Admissions

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	6142	6064	6153	5825	6709	**30893**
2017/18	6831	6827	6728	6079	6487	**32952**
+/-	11%	13%	9%	4%	-3%	**7%**

Elective Admissions

- Overall – elective activity was 3% higher over winter than in the same period last year
- Day-cases increased by 4% and inpatients activity decreased by 2%. This is as planned.
- The greatest reduction was in December and January as per the winter plan. The key specialty impacted was T&O.
- Cancer performance was maintained during Quarter 3 but deteriorated in Quarter 4.
- RTT remained fairly static over winter with gains seen at the end of Quarter 4.

Ordinary Admissions + Day Cases

Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	4145	3324	4314	3734	4083	**19600**
2017/18	4339	3544	4261	3997	3981	**20122**
+/-	5%	7%	-1%	7%	-2%	**3%**

Ordinary admissions

Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	711	599	679	653	731	**3373**
2017/18	757	572	554	714	712	**3309**
+/-	6%	-5%	-18%	9%	-3%	**-2%**

Day cases

Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	3434	2725	3635	3081	3352	**16227**
2017/18	3582	2972	3707	3283	3269	**16813**
+/-	4%	9%	2%	7%	-2%	**4%**

Acute Trust Medical Outliers / Beds Open

- Escalation beds in 2016/17 appear higher than 2017/18 but it should be noted that core beds were lower so a direct comparison is not possible
- Medical outliers and escalation beds peaked in January. The average escalation beds were 74 but peak requirement was 100 additional beds
- Escalation beds are required from the beginning of January to assure flow and performance
- This excludes additional community capacity – 15 care home beds were commissioned in Wakefield

MEDICAL OUTLIERS

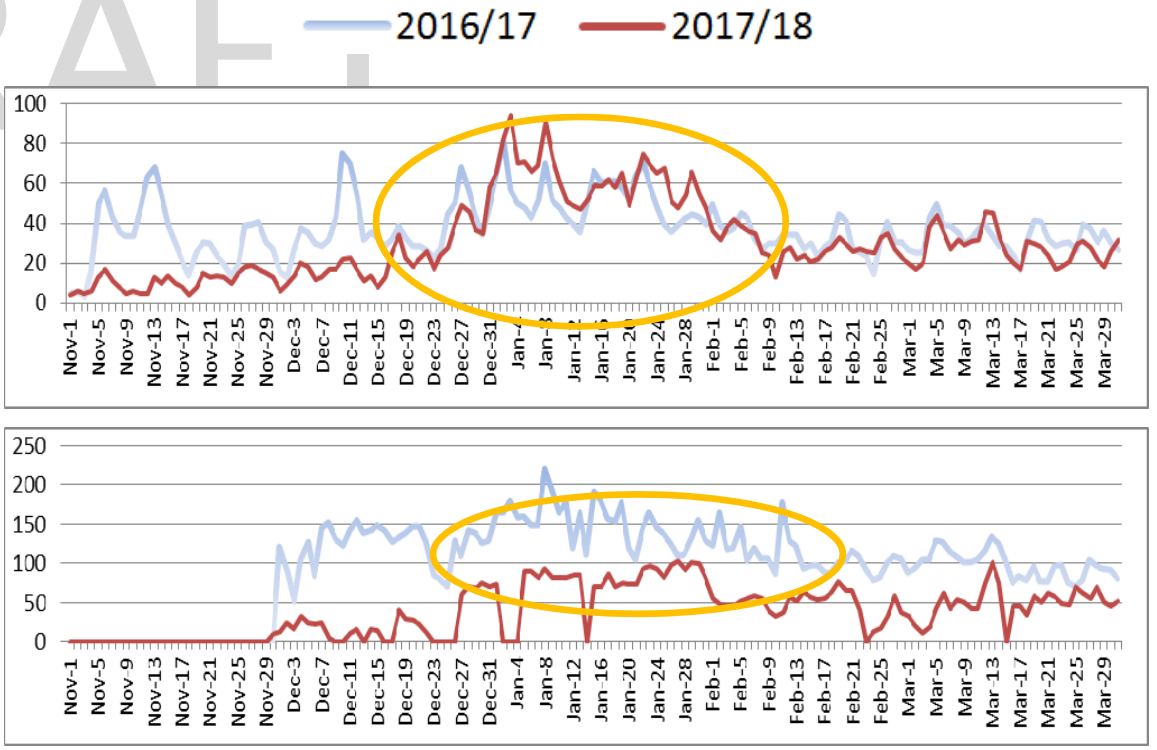
Average per day

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	31	37	52	32	32	**37**
2017/18	11	23	63	29	28	**31**
+/-	-66%	-38%	22%	-11%	-13%	**-17%**

BEDS OPEN - Escalation Beds

Average daily beds open

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	No data	124	153	110	98	**121**
2017/18	0	23	74	48	49	**39**
+/-		-82%	-51%	-57%	-50%	**-68%**



Acute Trust Length of Stay (LOS)

- LOS has improved at MYHT between winter 2016/17 and winter 2017/18
- MYHT continues to have a better than peer average LOS
- There remain core pathways within MYHT that can be improved in terms of LOS – such as Stroke LOS

LENGTH OF STAY DAYS - NON-ELECTIVE EMERGENCY ADMISSIONS

Excluding admissions to Ambulatory Emergency Care

Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	4.7	5.0	5.0	5.0	4.7	**4.9**
2017/18	4.6	5.0	4.9	4.6	4.5	**4.7**
+/-	-1%	2%	-3%	-9%	-3%	**-3%**

LENGTH OF STAY DAYS - BENCHMARKING

Non-elective emergency - Dr Foster - CSS Peer Group

Based on admission date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	4.5	4.6	4.7	4.7	4.6	**4.6**
2017/18	5.3	5.6	6.1	No data	No data	No data
+/-	18%	22%	30%			

Acute Trust: Winter Review Super-Stranded Patients

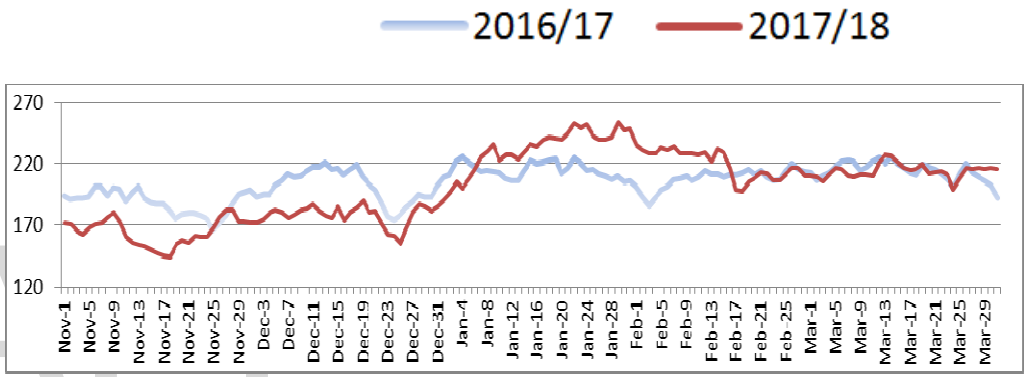
- Super stranded (long stay) patients are those with a LOS of greater than 21 days
- Our 6 week rolling average is approximately 24% super stranded patients.
- National stretch target is to reduce by 25% - this is approximately 50 patients per day for MYHT this equates to approximately 103 beds in January and 108 in February

"SUPER"-STRANDED PATIENTS - All Specialties

Patients with LOS > 21 days

Average number of patients per day

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	188	202	215	208	215	**206**
2017/18	164	178	232	220	214	**201**
+/-	-13%	-12%	8%	6%	0%	**-2%**

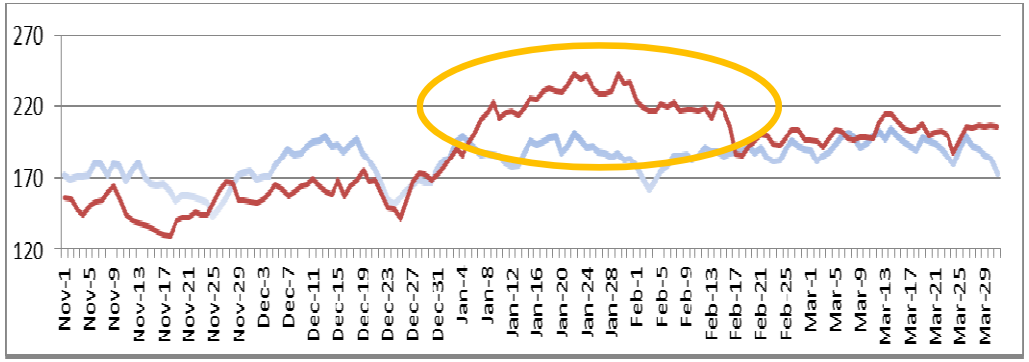


"SUPER"-STRANDED PATIENTS - Excluding Spinal Injuries

Patients with LOS > 21 days

Average number of patients per day

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2016/17	167	179	190	185	193	**183**
2017/18	149	162	221	209	202	**188**
+/-	-11%	-9%	16%	13%	5%	**3%**



Acute Trust Service Transformation and Winter Planning

Current Status: When acuity increases in winter months, hospital stays increase and MYHT is reliant on additional beds to manage demand. This has implications for Emergency Care Standard performance as bed availability contributes to breaches of. National guidance for non elective admissions is an increase of 2.3%, which is in line with the Trust's forecast.

Service gaps: Additional Capacity is needed at MYHT between December and March – peaking in January up to 100 beds.

- Proactive bed use is better than reactive
- There are 3 ways to achieve the aim:
  - Increase Capacity
  - Decrease demand
  - Improve systems and processes to reduce waste

Plans for Winter: Increase Capacity

- Winter beds – MYHT can create 27 beds by opening Ward 6b (or alternative at DDH)
- MYHT can flex capacity with use of modified Full Capacity Plan (FCP) creating 20 beds
- A staffing model will be organised from all clinical areas identifying resource to deploy form the agreed opening date
- This gives potential of 47 beds with FCP being used for flex in January

Acute Trust Service Transformation and Winter Planning

Plans for Winter: Reduce Demand

- Reduce elective activity – this would allow the formal re-designation of a ward at Pinderfields to become medicine.
- The aim will be to avoid multiple location outliers and safari ward rounds causing inefficiency
- Cancer performance cannot be compromised, therefore, it is likely core services such as Trauma & Orthopaedic would be primarily impacted. Mitigation over summer and use of Pontefract could off set
- Further increase AEC activity and hot clinic capacity. Review ambulatory care pathways to enable the unit to see more patients who are admitted and have a hospital stay of 1 day or less.
- This is unlikely to give MYHT bed capacity but will optimise use of the capacity.

Plans for Winter: Multi Agency Discharge Events (MADE) – focus on super stranded patients

- 2 MADE events are being planned at Mid Yorkshire Hospitals NHS Trust in August and November initially .
- This will entail representatives from the acute trust, community providers, CCGs and local authority social care teams, voluntary sector and a GP undertaking the MADE.
- The MADE events will focus on wards with higher numbers of super stranded patients across the hospital sites.
- MADE teams will visit wards at Dewsbury and District Hospital and Pinderfields General Hospital.
- It is intended that the MADE team can unblock delays which are delaying discharges, and bring forward discharges for people.
- This will include focus on reducing the number of super stranded patients.
- The first MADE event is planned for 21 August at Dewsbury and District Hospital and 22 August Pinderfields General Hospital.
- A further MADE event is being planned. These will be used to help reduce hospital occupancy prior to Christmas and before the busy post new year period.

(Continued)

Transformation Plans for Winter and Beyond:

The actions below are from the Urgent Care Transformation Programme. These will have a partial positive impact this winter, but the plans will not be fully implemented until 2020.

- Changing Pontefract ED to an Urgent Treatment Centre has enabled senior medical staff to me be moved to Pinderfields, the busiest site.
- Consider revised frailty pathways avoiding ED and optimising assessment
- Red to Green is in place on 9 wards. This allows themes of any blockages in patient pathways to be identified. This can be used to inform the movement of resources to address delays.
- Pride and Joy is being rolled out on Gate 42 and Gate 45. This is an analytical tool which identifies the action for each patient which need to happen to progress discharge. It orders the tasks in the sequence they need to happen. The tool will help inform management staff of issues which need addressing.
- There are plans for summit between primary care and acute trust clinicians around the management of winter pressures.
- There is a focus on frailty within the acute trust.
- Implementation of ward based discharge model. This entails a dedicated multi disciplinary teams on 8 wards whose focus is to implement discharge to assess, trusted assessor, reducing DTOC and stranded patient numbers.

MYHT Workforce Challenges

Current Status: Nurse staffing levels are a measure on the MYHT OPEL scores. As of March 2018 MYHT had the following vacancies.

- Registered Nurse 16.6% (228.37 WTE)
- Registered Midwife 3.6% (4.50 WTE)
- Healthcare Assistant -1.2% (-10.04 WTE)

There is a shortage of substantive consultant microbiologists at the trust.

Medical and therapy staff and other update TBC

Actions being taken:

- Targeted recruitment initiatives for certain specialities – theatres and critical care have been subject to targeted recruitment programmes and international recruitment is being progressed with a commercial recruitment company;
- The School of Nursing at Dewsbury, in partnership with the University of Bradford, welcomed the first cohort of patients in spring 2018.
- Nurse associate roles – 20 places are being offered to work with defined patient groups in elderly care and Acute Admissions Unit and on the Dewsbury site;
- Flexibility for internal transfer without a formal application process.
- Graduate programme for newly qualified nurses.
- Successful Health Care Assistant Recruitment
- Use of bank and agency staff.
- The Trust is working with Public Health England regarding the consultant microbiologist situation.

Hospital Social Work Team / Local Authority:

- A thorough winter review was undertaken following winter 2017/18. Below is a summary of the findings.

Social Care	Winter Review
What went well last winter?	Wakefield Local Authority recruited 8 discharge coordinators to be based on priority wards. Home care availability started to improve in Kirklees as a result of the retendering. In-reach of social care teams supporting ward based discharge planning In- reach of Wakefield community reablement care workers to support high pressured wards
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Long standing issues with referrals to social care from wards which takes time such as notification to assess and notification to discharge need to be dissolved as the newly appointed social care coordinators working on wards will need to accept direct referrals in a timely manner form board rounds

Kirklees Hospital Social Work Team

To support discharges from hospital Kirklees and Wakefield have dedicated hospital social work teams.

Kirklees Local Authority Current Status:

- Social Work staff is provided across Dewsbury and District Hospital and Pinderfields General Hospital. 2 members of staff are based at Pinderfields and the rest at Dewsbury and District Hospital, where the greatest number of Kirklees patients are who require social work support.
- Social work staff are able to join board rounds on all wards at Dewsbury and 2 wards at Pinderfields. These will be the wards with the highest number of Kirklees patients on them.
- Resources can be moved to support areas of pressure.
- At present the hospital social work team is sufficiently resourced to support hospital discharges.
- At peak periods annual leave is limited to a maximum of 25% of staff.
- During adverse weather staff will access their nearest hospital site or can work from home if weather prevents travel to their usual place of work.
- The Hospital Avoidance Team is based in Dewsbury Emergency Department. This works 9am-9pm 7 days per week to prevent admissions to hospital.

Service gaps:

- The service feels it is sufficiently resourced to support hospital discharges at present.

Plans for winter

- The Hospital to Home service is aiming to acquire an wheelchair accessible vehicle, which will enable more admission to be presented.

Wakefield Hospital Social Work Team

To support discharges from hospital Kirklees and Wakefield have dedicated hospital social work teams.

Wakefield Local Authority Current Status

- Wakefield Council have a team of 8 social care coordinators who are based on wards and a team of hospital social workers.
- Dedicated social work presence at Pontefract Medical Unit and Wakefield Intermediate Care Unit.
- Resources can be moved to support areas of pressure.
- The staff at Dewsbury are often most stretched, as external factors can contribute to pressures, such as Wakefield care homes taking longer to assess patients.

Service gaps

- At present the hospital social work team is sufficiently resourced to support hospital discharges.

Community Beds and Domiciliary Care

Current Status:

Residential and dementia residential beds: Availability of residential and dementia residential beds within North Kirklees and Wakefield is reasonable and not a risk factor in contributing to hospital discharge delays.

Nursing home beds: The availability of nursing home beds is reducing within Wakefield. Hemsworth Park has the nursing unit closed. There are concerns about the viability of other nursing homes, which have inadequate CQC ratings. Availability is also challenging within North Kirklees.

Nursing dementia beds: Locating dementia nursing beds is a significant challenge with North Kirklees and Wakefield, with a reliance on out of area placements to meet demand.

Domiciliary Care:

Wakefield Council provides a 21 day reablement service and 10 day discharge support team, to support people following discharge. These services are able to meet demand.

There is sufficient provision of longer term domiciliary care, with the exception of some rural villages. In these instances the Local Authority works with neighbouring Local Authority to help identify an alternative provider.

Interim care packages can be provided at the Local Authority provided Dovecote, to prevent people waiting in hospital for a package of care to start.

Service gaps: There is a risk that the demand for dementia nursing beds may outweigh the capacity due to a number of factors. These include the acuity of patients and the closure of care home beds offering dementia nursing.

Plans for winter: Community bed schemes are being considered in North Kirklees and Wakefield. More information is listed in the finance section.

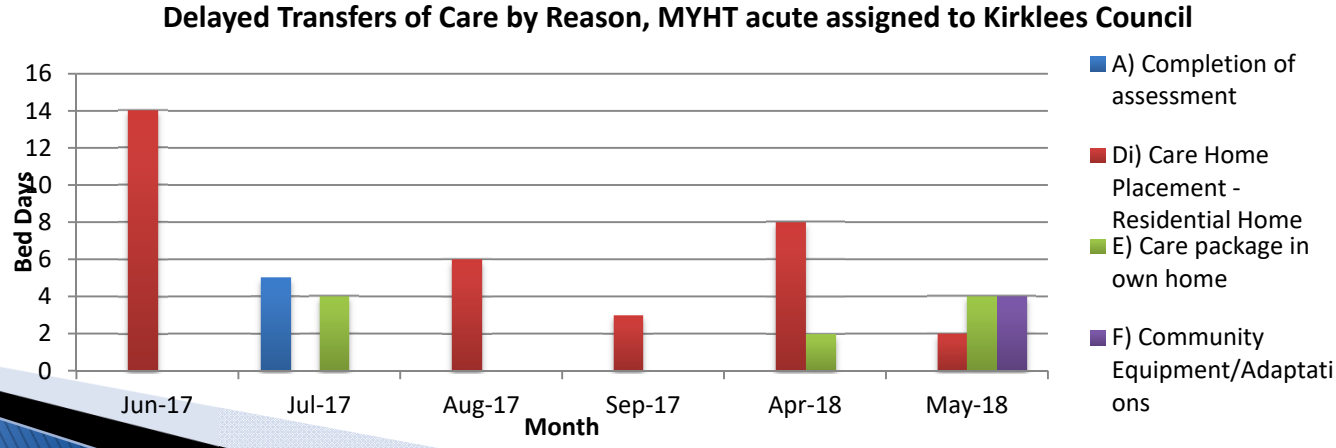
Longer term plans: Wakefield Council is working with Wakefield District Housing looking at community bed provision and future planning for alternative care.

Delayed Transfers of Care: MYHT at Kirklees Council

Delayed Transfers of Care by Reason (Bed Days); MYHT at Kirklees Council

Row Labels	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Grand Total
A) Completion of assessment	14					1			2				17
B) Public Funding	12	3	3	9		9			17	18	9	7	87
C) Further non acute NHS care (including intermediate care, rehabilitation etc)	13	26	51	73	102	90	63	73	80	54	150	112	887
Di) Care Home Placement - Residential Home	7	14	10		4	2	10		21	42	9		119
Dii) Care Home Placement - Nursing Home	23	25	6	72	38	39	23	40	19	37		39	361
E) Care package in own home		7	1	10	6	1	15		2	14			56
F) Community Equipment/Adaptations	9	19	9	25	19	30	22	5	14	11	22	11	196
G) Patient of family choice	157	85	151	109	112	90	103	72	130	182	73	82	1346
I) Housing - patients not covered by NHS and Community Care Act		16											16
Grand Total	235	195	231	298	281	262	236	190	285	358	263	251	3085

A low number of overall delays were attributable to Kirklees Council.
Patient choice and further non acute NHS care are the two main causes of DTOC delays in Kirklees.
The system has undertaken work to reduce delays attributable to patient choice, and is working towards implementing a new moving on policy.
Patient choice can be a default option for recording the reason for the delay in the absence of more specific categories.



Delayed Transfers of Care: MYHT at Wakefield Council

Delayed Transfers of Care by Reason (Bed Days): MYHT at Wakefield Council													
Row Labels	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Grand Total
A) Completion of assessment	47	11	1		10	1							70
B) Public Funding	13	3	10	7	1	18	13	15			10	6	96
C) Further non acute NHS care (including intermediate care, rehabilitation etc)	16	12	5	24	11	12	37	113	143	66	64	9	512
DI) Care Home Placement - Residential Home	214	149	155	147	243	117	96	134	212	219	250	254	2190
DII) Care Home Placement - Nursing Home	96	117	94	151	172	161	104	195	163	84	98	191	1626
E) Care package in own home	16	9	33	25	55	18	25	20	8	19	1	12	241
F) Community Equipment/Adaptations	17	47	3						7		1		75
G) Patient of family choice	427	522	281	433	381	266	199	322	335	257	279	246	3948
I) Housing - patients not covered by NHS and Community Care Act								7		4	13	2	26
Grand Total	846	870	582	787	873	593	474	806	868	649	716	720	8784

Patient choice and care home placements are the most common reasons for delays.
The system has undertaken work to reduce delays attributable to patient choice, this is summarised later in the plan.

Transport

- A thorough winter review was undertaken following winter 2017/18. Below is a summary of the findings.

Ambulance Services	Winter Review
What went well last winter?	Ambulance handover performance at MYHT has been good. YAS provided an Hospital Ambulance Liaison Officer to MYHT at busy periods to support ambulance handover
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Capacity and demand planning to support inter hospital transfers between Dewsbury and District Hospital and Pinderfields needs to be reviewed and more patients to be discharged directly home from the Pinderfields site rather than transferring to the Dewsbury site for discharge planning

Capacity and Demand: Transport

Current Status: At present Yorkshire Ambulance Service (YAS) are not meeting some Ambulance Response Programme targets.

April 18- May 18 YAS performance – trust wide

	MONTH MEAN			YTD MEAN			MONTH 90th Percentile			YTD 90th Percentile		
Grade	STANDARD	ACTUAL	VAR	STANDARD	ACTUAL	VAR	STANDARD	ACTUAL	VAR	STANDARD	ACTUAL	VAR
Category1	00:07:00	00:08:20	00:01:20	00:07:00	00:08:12	00:01:12	00:15:00	00:14:11	(00:00:49)	00:15:00	00:13:58	(00:01:02)
Category2	00:18:00	00:22:54	00:04:54	00:18:00	00:22:18	00:04:18	00:40:00	00:48:43	00:08:43	00:40:00	00:47:25	00:07:25
Category3							02:00:00	02:24:07	00:24:07	02:00:00	02:15:11	00:15:11
Category4 exc HCP							03:00:00	03:37:09	00:37:09	03:00:00	03:05:21	00:05:21

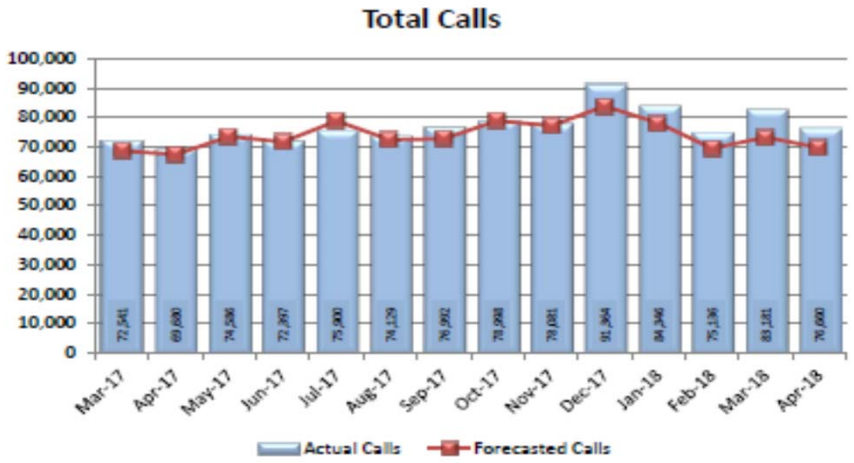
Service gaps: Under the Ambulance Response Programme, the clock stops when a vehicle capable of conveying a patient to hospital arrives on scene. YAS therefore have to make changes to their fleet, which entails reducing the number of rapid response cars and increasing the number of ambulances available.

Actions for winter:

YAS are in the process of adjusting their resources to meet the requirements of the ambulance response programme, in time for winter when demand increases.

YAS are in the process of recruiting 100 staff. Central funding from the Department of Health and Social Care will allow YAS to introduce 62 new ambulances, to allow YAS to Programme.

YAS are recruiting Emergency Care Assistants to staff the additional ambulances. These staff take 6 weeks to train.



Capacity and Demand Transport: Post Acute Hospital Reconfiguration

Current status: The final phase of the Acute Hospital Reconfiguration (AHR) was completed on 4 September 2017, prior to winter 2017/18. Pinderfields General Hospital (PGH) became the main acute site. Dewsbury and District Hospital (DDH) and Pontefract General Infirmary focused on providing planned care and rehabilitation. Dewsbury retained an Emergency Department. Pontefract's Emergency Department became and Urgent Treatment Centre on 9 April 2018.

The changes created longer drive times for YAS crews, with an increase in journeys to Pinderfields and Calderdale Royal Hospital (CRH). YAS are conveying to DDH 39 times per week more than expected, 36 times more to PGH and 100 times per week less to HRI. Furthermore, YAS are conveying to CRH 53 times more per week than they were during the baseline period. There are on average 14 transfers from Dewsbury to Pinderfields per day, 6 less than predicted.

To mitigate the impact the impact of increased drive times, YAS sourced 3 St John's Ambulance crews to operate on a daily basis. The crews are deployed in the North Kirklees CCG area to meet the additional drive time that results from direct admissions to PGH from the Dewsbury area.

A dedicated Patient Transport Service crew was deployed to transfer patients from Dewsbury Emergency Department to Pinderfields General Infirmary from 12:00 – 02:00. This resource is dedicated to conducting IFP2, IFP3 and IFP4 transfers from DDH to PGH. This vehicle is despatched under 999 from the EOC. On the 9th December 2017 a second PTS vehicle was deployed daily 12:00/0200 to meet the additional demand over the winter period and to reduce transfer delays.

The dedicated vehicles are only used for category 3 and category 4 transfers. Therefore, these crews are not suitable for 31% of the transfer demand.

Service gaps:

31% of transfers from Dewsbury to Pinderfields were unsuitable for the dedicated transfer vehicles, which are only suitable for category 3 and 4 transfers.

On average the St John's Ambulance crew were deployed on average 22 / 30 hours due to availability.

Plan for winter: Commissioning arrangements of these services are still to be finalised for this winter at present.

Transport

Plans for Winter 2017/18:

NHS England has supported guidance published in July 2017 by the Association of Ambulance Chief Executives around timeframe for ambulance transfers between hospitals.

Inter Facility Transfer (IFT) level 1 and IFT level 2 responses will be allocated the nearest emergency ambulance.

The guidance requests that there are locally agreed timeframes for IFT level 3 and level 4 transfers. Repatriations, step-down transfers and discharges to non-hospital facilities are not included in this framework.

This will be discussed agreed at the YAS Contract Management Board so the same timeframes for all YAS activity.

Transport

The table below highlights that in 2017/18 Wakefield CCG had the highest number of inter facility transfers and North Kirklees the 3rd highest within Yorkshire. This will include patients transferred between Mid Yorkshire hospitals sites and between hospitals.

Intra-facility & Discharge Home — March 2018

	See, Treat and Convey to Hospital									
Intra-facility Transfers	**Category 1**		**Category 2**		**Category 3**		**Category 4**		**TOTAL**	
CCG	**Activity - MONTH**	**Activity - YTD**	**Activity - MONTH**	**Activity - YTD**	**Activity - MONTH**	**Activity - YTD**	**Activity - MONTH**	**Activity - YTD**	**Activity - MONTH**	**Activity - YTD**
	ACTUAL	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**	**ACTUAL**
NHS Airedale Wharfedale and Craven CCG	0	1	0	1	1	2	0	4	1	8
NHS Barnsley CCG	0	0	0	1	0	0	0	1	0	2
NHS Bradford City CCG	0	19	3	9	1	2	1	11	5	41
NHS Bradford Districts CCG	0	39	9	34	5	14	2	27	16	114
NHS Calderdale CCG	0	82	31	128	22	84	16	204	69	498
NHS Cumbria CCG	0	0	0	0	0	0	0	0	0	0
NHS Doncaster CCG	0	19	10	17	0	6	16	105	26	147
NHS East Riding of Yorkshire CCG	0	92	13	42	6	24	5	103	24	261
NHS Greater Huddersfield CCG	0	146	59	241	20	107	19	209	98	703
NHS Hambleton Richmondshire and Whitby CCG	0	132	33	147	19	65	16	133	68	477
NHS Harrogate and Rural District CCG	0	4	2	8	2	5	0	14	4	31
NHS Hull CCG	0	132	53	174	11	57	6	150	70	513
NHS Leeds North CCG	0	43	2	16	1	5	2	23	5	87
NHS Leeds South and East CCG	0	211	72	259	22	91	15	235	109	796
NHS Leeds West CCG	0	1	0	0	0	0	0	1	0	2
NHS North Kirklees CCG	0	307	89	375	147	580	92	1278	328	2540
NHS Rotherham CCG	0	1	2	3	0	1	0	4	2	9
NHS Scarborough and Ryedale CCG	0	70	23	84	31	90	34	311	88	555
NHS Sheffield CCG	0	245	92	311	91	376	167	1355	350	2287
NHS Vale of York CCG	0	16	3	8	6	16	37	245	46	285
NHS Wakefield CCG	0	152	41	161	116	399	241	1388	398	2100
TOTAL ALL CCGs	0	1712	537	2019	501	1924	669	5801	1707	11456

Community Services

- A thorough winter review was undertaken following winter 2017/18. Below is a summary of the findings.

Community Services	Winter Review
What went well last winter?	Locala has successfully managed the waiting list for patients requiring intermediate care in North Kirklees. Wakefield and Kirklees Social care have had sufficient capacity to receive patients with care packages and patients to care homes CCGs commissioned 30 additional community beds with additional winter funds, 15 for North Kirklees residents and 15 for Wakefield residents to support discharges from MYHT.
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Capacity in the community intermediate care and nursing at home team to support home first was insufficient to meet demand Strengthen support provided by the Wakefield Community hubs to deal with winter pressures Work with system partners to identify ways to reduce ED attendances from care homes.

Intermediate Care Beds North Kirklees

Current status:

- Demand for intermediate care capacity over the winter months has increased significantly over the last 5 years. A number of mitigating actions have supported the health and social care systems to ensure capacity and demand balance at these times. These include;
- All patient on a community bed waiting list are assessed by one of the Locala team for alternative pathways. Approximately 15% of patients are re-directed via this process.
- A community bed matron has been identified to spend 2-4 sessions a week in both acute trust throughout winter, supporting discharges, both into a community beds or directly home, this can be increased at times of increased pressure. They will also play a crucial role in educating acute trust staff in appropriate utilisation of community beds. This will ensure, only when clinically necessary, are community beds utilised.
- A proposed new staffing structure covering 7 days a week with the ability to in-reach into the acute trusts and outreach into the community following a patient's discharge, is expected to reduce a patient's length of stay from 4-5 weeks to 3-4 weeks, increasing capacity in community beds by 25%.

Service gaps:

- All community beds are located in one 40 bedded facility in North Kirklees. Closure due to infection may have a significant impact on discharges from MYHT.
- Recruitment of staff into new post in the community bed model to support reductions in length of stay.

North Kirklees (continued)

Plans for Winter:

- Locala are in the process of mitigating the impact of infection control closures, working with the infection control teams in public health and Locala to put in place, systems that will allow for partial closure of the unit when and if required. There will be an additional cost for this response.
- To support the recruitment of staff into new post in the community bed model. Locala is working with the acute trust on staff rotation across the patch. This will make the posts more attractive to professionals and support both Locala and the acute trust in recruitment of specialist staff.
- We will have a community bed offer with a decreased length of stay for patients, giving a 25% increase in bed capacity. This will be in place and fully operational by the end of September 2018.

Finance:

- Public Health and the Locala infection control teams are currently working on a summary document that will indicate the required response to support partial closure of the community bed facility. The primary cost during an infection will be extra staffing to support the closed area of the building to ensure that no cross contamination occurs. A final proposal will be available with costings, before the end of August 2018.

Adult community services North Kirklees

Short Term Assessment Response Team

Current Status:

The Short Term Assessment Response Team (START) team now in Dewsbury and District Hospital, formally Locala In-Reach. The team will work in Dewsbury ED alongside Kirklees Council's Hospital Avoidance Team, aiming to prevent admissions.

This service operates 7 days per week from 8am – 10pm in the community with staff working in the A&E department between 8.00 – 5.00. The A&E staff are aware of the service and have a contact number after 5.00 pm to request support up until 10.00 pm. This support could be in the form of meeting the patient in their home once discharged from A&E or by giving telephone advice. If capacity allows staff will also come into the department to support the A&E team.

Service gaps:

Recruitment of therapy staff into new post in the START service.

Plans for winter:

Locala is working with the acute trust on staff rotation across the patch. This will make the posts more attractive to professionals and support both Locala and the acute trust in recruitment of specialist staff.

North Kirklees (continued)

Community Nursing and Therapy Current Status:

Locala provides community and therapy services across North Kirklees. Last winter the service operated at OPEL 3 for an extended period as the service did not have sufficient capacity to meet all demand.

Service gaps: It is anticipated that the service will be operating at OPEL 3 when demand increases this winter.

Plans for winter:

- Organisational Opel 3 actions will include x 2 weekly internal silver command calls with all operational managers attending. These will be chaired by a strategic lead manager to ensure all agreed actions are implemented. These calls will ensure appropriate resource allocation and that essential services have the required staff to meet essential workloads of the community nursing / START teams and community beds.
- Opel 3 Community nursing team actions include daily internal capacity and demand calls. Staff will be allocated to teams with the greatest need.
- All visits will be evaluated daily to ensure they meet the essential criteria.
- All non-essential visits will be postponed.
- Any staff allocated to the community nursing service from outside the community nursing team will also be allocated on these calls.

Adult Community Services Wakefield

- TBC

Primary Care

- A thorough winter review was undertaken following winter 2017/18. Below is a summary of the findings.

Primary Care	Winter Review
What went well last winter?	GP Care Wakefield fully launched on 10 October 2017 providing extended hours urgent and routine GP appointments to all patients in the District, from 6pm-10pm evenings and 9am 3pm weekends / bank holidays. Patients can access by calling their own GP number or NHS 111. The service has averaged around 300 calls per week to the service. Wakefield Walk In Centre opening hours changed to 10am-10pm from 30 October 2017, which allowed the service to see more patients after 6pm on weekdays when GP surgeries are closed. There was 31% increase in the number of patients attending the service after 6pm. Overall GPs contact the Mid Yorkshire GP referral line rather than just sending patients to ED, with scope to improve further.
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Work with GP surgeries to further increase utilisation of Mid Yorkshire GP referral line to help prevent ED attendances and help more patients avoid ED. Roll out of GP extended hours service in North Kirklees. Improve awareness of alternative community pathways.

Primary Care: North Kirklees Primary Care Extended Hours:

Current Status: The GP Extended Hours service will have a gradual roll out through summer 2018 and will be available to all North Kirklees CCG patients from 1 October 2018, subject to the necessary governance in place.

Hours of Operation

Extended hours urgent and routine GP appointments are available from:

- 6.30pm-9.30pm weekday evenings
- 9am-4pm Saturdays
- 9am-2pm Sundays and Bank Holidays.

Patients can access the service by NHS 111 or via their GP surgery during practice opening hours. The service does not provide clinical triage. Appointments are provided at Dewsbury Health Centre, the same location which out of hours GP appointments are available at.

Service Gap: This is the first year of operation, so there are limitations with regards to predicating demand. There will be a need to raise awareness of the new service to promote utilisation.

Plans for winter: The service will use NHS 111 forecasting to assist. There is a communication plan to support utilisation, including press releases and raising awareness within GP surgeries.

Primary Care Wakefield Primary Care Extended Hours

Current Status:

Extended hours urgent and routine GP appointments are available for all Wakefield CCG patients from 6pm-10pm weekday evenings and 9am-3pm at weekends and bank holidays. Patients can access the service by calling their usual GP number or NHS 111. The service provides clinical triage when operational. Appointments are provided at Trinity Medical Centre in Wakefield and Pontefract General Infirmary.

Since going live in October 2017 the service has not experienced any significant workforce challenges.

At busy periods such as Bank Holidays the service is able to increase clinical workforce to meet increases in demand.

The service was fully launched on 10 October 2017 operation through winter 2017/18. This experience will assist with demand planning in 2018/19

Service Gaps: Utilisation of the service from November 2017 to March 2018 was 54% The service is providing 40 hours of appointments per week in line with NHS England requirements.

Plans for Winter: There is scope to increase utilisation of the service. These plans are outlined in the Communications section of this plan.

This winter GP surgeries will be able to book patients into the service from 4pm onwards.

Primary Care: General Practice

North Kirklees Current status: There are 27 GP surgeries.

In North Kirklees 26 of 27 practices provide an additional 30 minutes per 1000 patients on the practice list as part of NHS England's Direct Enhanced Service.

Service gaps: One practice has contacted the CCG to discussed ongoing issues with recruitment which may result in them being unable to provide the sufficient number of clinical sessions to meet patient need. The CCG does not have significant concerns about the capacity of other GP surgeries at the present time.

Plans for Winter: The CCG is working with the specific practice mentioned above to support them with a number of actions designed to improve issues with recruitment and temporarily reduce demand on the practice. Patients affected by these measures will be supported in registering at another practice.

Wakefield Current Status: There are currently 37 GP surgeries. 31/37 practices provide an additional 30 minutes per 1000 patients on the practice list as part of NHS England's Direct Enhanced Service.

Service Gaps: Monitoring of capacity pressures with Wakefield GP surgeries highlights that there are two surgeries with capacity challenges.

Actions in place for winter: The CCG is working with the practice to support them. Actions are in place include the establishment of a virtual practice which will enable GP, nurse and management support to respond to the needs of their patients.

Primary Care: Walk In Centres

Current Status: There are two Walk In Centres in the area in Dewsbury and Wakefield.

Dewsbury Walk In Centre, adjacent to Dewsbury Emergency Department

Opening Hours.

8am-8pm weekdays

8am-6pm weekends and bank holidays

The service is consistently able to meet demand. There are no staffing challenges expected over winter.

Last year NHS England Winter Money funding was used to support an increase in opening hours to 10pm from 24 December – 31 March 2018.This contributed to an increase in activity.

King Street Walk In Centre, Wakefield

Opening Hours

10am-10pm – 7 days a week

The service is able to treat patients within 4 hours.

The service saw all patients within 4 hours last winter.

Gaps: There are no significant gaps with regards to meeting demand.

GP Out of Hours Service

Current Status: GP Out of Hours services are provided from the following locations:

- Dewsbury Health Centre: 7pm- midnight, 10am-10pm weekends and bank holidays
- Pontefract General Infirmary: 6.30pm-8am weekdays, 24 hours at weekends and bank holidays (between 9.30am-3.30 appointments are part of the GP Care Wakefield service)
- Trinity Medical Centre, Wakefield: 7pm-11pm weekday evenings, 7am-11pm weekends and bank holidays
- The out of hours GP home visiting service is provided across the footprint.
- Access to the service is via NHS 111.

Plans for winter

North Kirklees

Greater demand is at the weekend. The service is consistently able to meet demand and benefits from consistent staff cover.

The service has increased non clinical resource to enhance staff cover.

The launch of the North Kirklees GP extended hours service will see 20% of appointments allocated to urgent appointments via NHS 111, which will increase capacity.

If pressure increases there are options including directing patients to neighbouring primary care centres and clinicians re-prioritising calls.

Wakefield

Rota fill is generally good, but there are occasional challenges, allowing the service to consistently meet demand.

Mental Health

- A thorough winter review was undertaken following winter 2017/18. Below is a summary of the findings.

Mental Health Services	Winter Review
What went well last winter?	South West Yorkshire Partnership Foundation Trust increased mental health bed provision prior to the winter, following reductions due to a fire
What are the longer term issues where follow up action required over the summer period in advance of this winter?	Delays in AMP assessments Mental health bed planning across the Wakefield, Kirklees and Calderdale footprint. Staffing challenges Support for people with dementia who can't have their needs met in a care home.

Mental Health

Current status: South West Yorkshire Partnership Foundation Trust provides mental health services within North Kirklees and Wakefield, as well as Greater Huddersfield, Calderdale and Barnsley.

Service Gaps: At present there are often delays in accessing a mental health bed due to availability. This contributes to patients having extended waits in Emergency Departments. The present situation means there is increased use of out of area placements. Identifying out of areas beds can be a lengthy process. Although there are no significant increase in demand for mental health beds during winter, patients waiting in stretched Emergency Departments can be a further source of pressure. This problem is not unique to West Yorkshire as similar problems are faced identifying beds for patients who live in other parts of the country.

Plan for winter:

- Introduce criteria led discharge in Wakefield and Barnsley areas to help reduce length of stay by 31October 2018.
- Increase case management capacity in Calderdale and Kirklees to manage patient flow.

Longer term plans:

There is a plan to commission beds on a West Yorkshire footprint. This will focus on the following areas:

- Learning from Bradford where out of area placements for mental health beds are the lowest in West Yorkshire.
- Reviewing the provision of community mental health services in Calderdale and Kirklees areas to reduce admissions rates to mental health beds

Out of area beds days Trajectory	Bradford DCFT	Leeds &York PFT	South West Yorkshire PFT	WYH STP
December 2018	41	920	**752**	1,672
December 2019	26	368	**411**	779
December 2020	6	92	**82**	174

Seasonal Influenza: Staff Uptake

Summary of vaccine uptake amongst healthcare workers:

	Standard	Locala	Local Care Direct	MYHT	SWYPFT	YAS
2017/18	75%	70%	TBC	70.8%	73.5%	65.6%

Actions taken to improve health flu vaccination rates:

Locala:

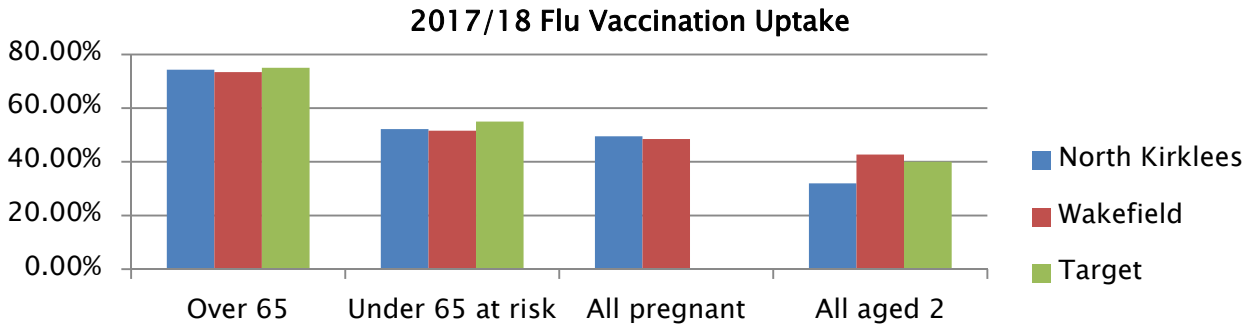
- Drop in sessions at all bases.
- Vaccinations available following team meetings.
- Flu champions in teams to advocate its benefits.
- Publicity across the organisation with reminders sent out to teams on a regular basis.

Locala Care Direct:

Planning to work with UNICEF with the moto of “Get a jab Give a jab” so for each person who gets vaccinated we are planning to donate tetanus vaccines to the third world via UNICEF.

YAS: Build on scheme which increased uptake from 18.5% in 2016/17 to 65.6% in 2017/18.

Seasonal Influenza



Influenza Vaccine uptake:

- Flu vaccine rates at practice levels will be shared fortnightly with GP practices. Assurance will be sought from outlier practices that they have taken appropriate actions to increase vaccine uptake, in line with the National Flu Plan.
- The Communications section of this plan summarises plans to encourage uptake by eligible members of the public.
- Working with local authorities, the CCG will ensure all GPs are reminded of the CMO/CPhO letter about antiviral medicines as soon as it is published.
- Training is being provided for staff in general practice who administer the vaccine.
- Plans are being developed to improve the uptake of flu vaccinations in Wakefield Care Homes, which are lower than other areas.
- Last winter point of care flu testing was undertaken in Emergency Departments.
- Patients with flu in hospital were isolated in side rooms and on a dedicated flu ward.

Adverse weather

Status: Prolonged periods of snow and / or icy weather can prevent challenges for services due to staff not being able to get to work and longer travel times for ambulance and home visiting services. Icy weather can contribute to increased falls.

Action for winter:

Local Resilience Forum (LRF) Severe weather plan with action cards for A&E Improvement Group member organisations

Dissemination of MET Office weather alerts and warnings to provider organisations to make providers aware of the weather contributing to an increase in demand or may impact in patients or staffing having difficulty travelling

Organisations have severe weather plans, incident response plans and business continuity plans.

These include measures around the following:

- Prioritising urgent activity using risk assessments for home visiting services
- Allow staff to work flexibly where possible, such as working from a different site if more accessible. Social work staff can work remotely if they can't get to work
- Mid Yorkshire Hospitals NHS Trust have childcare arrangements to support parents getting to work when schools are closed
- Providers have arrangements for accessing 4x4 vehicles to support home visiting. This includes accessing voluntary 4x4 vehicles. Locala have a contract with a rental company to use 4x4 vehicles and Local Care Direct have purchased extra 4x4 vehicles. Local authorities have access to their own 4x4 vehicles.
- Kirklees Council coordinates multiagency 4x4 calls to assist with coordinating 4x4 resource. The hilly landscape in Kirklees can make travel in bad weather more treacherous, especially on untreated roads.
- Workshop arranged to prevent falls during bad weather and improve the response to increased demand post fall.

Finance

The following schemes are being developed / considered, which will incur additional cost to deliver. Costs are in the process of being calculated.

Response to infection control outbreaks in North Kirklees intermediate care beds

Public Health and the Locala infection control teams are currently working on a summary document that will indicate the required response to support partial closure of the community bed facility. The primary cost during an infection will be extra staffing to support the closed area of the building to ensure that no cross contamination occurs. A final proposal will be available with costings, before the end of August 2018.

MYHT Additional Capacity

If Mid Yorkshire Hospitals NHS Trust opens an additional ward this will incur additional cost. Last winter the system received £1,000,050 which was split between funding 31 additional acute beds and 15 care home beds.

Wakefield Care Home Beds

Following the commissioning of 15 care home beds in Wakefield last year, ideas for a similar scheme are being considered and will require significant funding, with focus on dementia nursing.

Flu vaccination of care home workers

Public Health England have flagged that uptake of the flu vaccine in Wakefield care homes is lower. An incentive scheme is being considered to promote vaccine uptake, which is hoped would replicate the impact of a similar scheme for acute trusts. Flu outbreaks in care homes can increase hospital admissions and prevent discharges.

Finance (continued)

North Kirklees Community Frailty Virtual Ward (CFVW) Pilot

The aims of the service are as follows:

- To operate a CFVW, utilising a multi-disciplinary team to provide intensive clinical support to care home patients, where clinically appropriate to do so, to avoid unnecessary hospital admissions and support a discharge to assess model in order to support early discharge back to the care home setting.

Service objectives:

- Appropriate patients will be identified as suitable for the CFVW through clear eligibility criteria
- The CFVW will avoid unnecessary hospital admissions through an ANP clinical assessment, care planning to support the START team to provide intensive clinical support via daily visits for a period of 7 days.
- The CFVW will draw on clinical expertise through daily SKYPE calls between the team and Geriatrician
- Patients will be discharged after 7 days with clear care plans for ongoing support
- The service will work closely and in parallel with the proposed Care Home Support Team

Staffing component to support the model

- Current START team
- 3 wte x ANP's
- 3 wte x Band 6 Development nurses
- 1 x clinical care assistant
- 1 x Physio
- Admin support via START admin team
- Geriatrician (1-3pm, 0.5 PA per day, 7 days per week)
- Access to GPsi (advice only)
- Access to pharmacist via START team

Costings: Salary costings for the pilot are projected at £396,955. Other running costs are still being calculated.

Finance (continued)

North Kirklees Community Beds Pilot

- Kirklees are looking to identify funds to pilot the use of ‘choice/recovery bed’ in a care home to support timely discharges from hospital for the following types of patients:
- Assessment of needs for those with long term conditions and social care needs
- Following trauma who cannot be supported at home
- Patients in hospital who no longer need to be there but are making decisions regarding choice of home.
- To compliment the current commissioned intermediate care beds and for those awaiting packages of care prior to going home as an interim solution.
- Ensure people receive a period of recovery away from the acute hospital to enable an accurate assessment of their long term health and social care needs . This may include people who need short term care for example non weight bearing people following a trauma who cannot be supported at home.

These beds over the winter period with a view to implementing a longer term solution should the model evaluate well.

Costs for this pilot are in the process of being calculated.

Escalation

System Escalation: Last winter MYHT established a winter room, which operated 12 hours a day, 7 days per week, with executive leadership. There were system calls 7 days a week throughout winter. This provided a point of contact for MYHT staff to escalate internal issues and for system partners to do likewise. The CCG established a system winter room for escalation of system issues. Throughout winter there were daily system calls. This provided an opportunity for actions to be taken in response to emerging pressures in specific areas.

Details of how these arrangements will work this winter are in the process of being finalised, but it is likely there will be system calls most days throughout winter to share information and ensure resources are in the most suitable place in response to the challenges faced.

Responding to changing pressures:

Throughout winter pressures can vary due to a range of factors. We will have the following processes in place to communicate:

- Sharing on MET office updates, which may contribute to rise in demand in specific areas, e.g. drops in the temperature with particular focus on preparing for icy weather and snow days.
- Share intelligence about changes in demand in primary care
- Regular system and extraordinary system calls

Escalation (continued)

Operational Pressures Escalation Level

During winter partners will be able to share their OPEL status on the regular system calls which are planned.

As part of the OPEL Framework a partner can request a system call at any time, if support from partners is required, regardless of the OPEL level, not just OPEL 3.

The escalating provider chairs and hosts the call.

If a provider escalates to OPEL 3 an external tactical command may be convened if partner support is required. In past winters these have been used mainly to support the acute trust.

OPEL 3 Escalation: There are identified options which can help manage the pressure but be sustained for a limited period, before the actions can be become counterproductive.

Internal actions

Partners have internal actions they take at each OPEL level. At OPEL 3 these actions are based around the following themes:

- Cancelling training and non urgent meetings to free up resources to manage the pressure.
- Defer less urgent activity to utilise staff to support the movement of resources to areas of greatest need.
- Maximise all available staffing resource, e.g. corporate nurses to work clinically
- Creating additional capacity
- Reducing and cancelling annual leave

System actions

As part of the OPEL framework there are tactical options available to support the system. Options available include:

- Direct patients from Pinderfields Emergency Department to the Wakefield Walk In Centre and Out of Hours GP Service.
- Partners provide additional resources to focus on unblocking issues preventing the discharge of medically optimised patients. Last winter this multidisciplinary approach was used to increase discharges at the Dewsbury and District Hospital site.
- Learning from last winter has established a common understanding that system calls should not inadvertently divert activity unnecessarily and trust in system partners that all are working to prioritise timely and effective patient flow.

Clinical and Quality Escalation Plans: NHS England 7 day service standards 'transfer to community, primary and social care support compliance

NHS England 7 day transfer standard: Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

Supporting information requirements
Primary and community care services should have access to appropriate senior clinical expertise (e.g. via phone call), and where available, an integrated care record, to mitigate the risk of emergency readmission.
Status: Specialist clinical advice is available 7 days a week by calling the Mid Yorkshire Operations Centre Advice Line on 01924 543 995.
Services include pharmacy, physiotherapy, occupational therapy, social services, equipment provision, district nursing and timely and effective communication of on-going care plan from hospital to primary, community and social care.
Status: The following services are available 7 days per week. Hospital and community pharmacy, district nursing, equipment provision and access to social services, acute and community therapy, psychiatric liaison and crisis teams.
Transport services must be available to transfer, seven days a week.
Status: Patient Transport Services are commissioned 7 days per week. Wakefield CCG commissions Age UK Wakefield and District to provide a hospital to home service for eligible patients 7 days per week.
There should be effective relationships between medical and other health and social care teams. See sections on Social Care and Mental Health

Winter Communications Plan

Communications

- There will be a system-wide communications plan.

Key messages

- Promote flu vaccine uptake
- Support patients to choose the most appropriate service
- Increase uptake of extended hours services
- Encourage 'pharmacy first' approach for minor winter illnesses and ailments
- Encourage patients to order repeat prescriptions well in advance of Christmas and New Year Bank Holidays
- Promote key messages to support patients to stay well this winter

Target Audiences

- Younger demographics which have higher attendance rates at ED, but lower admission rates
- Parents/guardians of eligible children to encourage flu vaccine uptake
- People eligible for flu vaccine
- Care Home staff

Communications continued

External planned communications activity for winter

- Targeted mail drop to 62,241 people in November who live in the WF1, WF2 and WF10 post codes. The leaflet will highlight the urgent care options available and promote flu vaccine uptake. The post codes have been selected as they account for the greatest demand and Pinderfields General Hospital.
- Distributing 10,000 copies of winter information booklet to people using NHS, local authority and voluntary services.
- Internal bus advertising to promote urgent care options available across Wakefield
- External bus advertising to promote flu vaccination uptake across Wakefield.
- Social media campaigns encouraging parents of 2 and 3 year old children to give their child the flu vaccination and promoting choose well messages.
- A series of press releases are planned to media outlets within North Kirklees and Wakefield covering the following:
  - Promoting the launch of the GP extended hours service in North Kirklees
  - Promoting the extended hours GP service in Wakefield
  - Launch of pre booked appointments at Pontefract Urgent Treatment Centre
  - Promoting the choose well message
  - Promoting the flu vaccine uptake
  - Encouraging people to order repeat prescriptions before Christmas to prevent them accessing urgent care services
  - Promoting messages to prevent the spread of infection
- Key messages will be shared with Wakefield District Housing and Nova, who can relay to arrange of voluntary organisations to expand the reach of this year's campaign.

Communications continued

Internal planned communications activity for winter

- Highlight key campaign messages in staff newsletters, intranets and social media.
- Deliver Public Health England winter communication packs to GP surgeries.
- Posters distributed to GP surgeries promoting GP extended hours schemes in North Kirklees and Wakefield.
- Repeat prescription reminders distributed to GP surgeries at the beginning of November to remind patients to order repeat prescriptions before November.
- Communication shared with GPs throughout winter reminding them to phone the GP referral line if they need to send a patient to hospital and reminders of alternative pathways to ED.
- Promotion of the #Hometime campaign to increase focus on discharging patients home from hospital promptly.
- Encourage care homes to support hospital discharges.

Responsive communications to periods of pressure

- Communicate OPEL 3 escalations or above to partners which will be impacted by the escalation. The CCG EPRR team can assist with this.
- Communicate to primary care services in North Kirklees, Wakefield and selected Leeds surgeries when MYHT reaches OPEL 3 as patients are normally likely to have extended waits in GP surgeries. The purpose of the communication is so that GPs can inform patients that patients sent to MYHT Emergency Department (ED) might have a longer wait and remind them to use the MYHT GP Referral Line prior to sending a patient. This can maximise alternative pathways to ED.
- Encourage care homes to assist with hospital bed pressures by undertaking assessments promptly
- Communicate information to the public on CCG, local authority, MYHT, Wakefield District Housing and Nova social media platforms.

Christmas and New Year Planning

- A separate system Christmas and New Year plan will be produced in addition to the plans developed by individual providers.
- This will include the following:
  - Primary care availability over Christmas
  - Plans to communicate pharmacy opening times
  - Plans to reduce hospital bed occupancy prior to Christmas, including Multi Agency Discharge Event.
  - Overview of staffing availability across the system over Christmas
  - Confirmation of elective activity

Winter Risk Summary

No	Risk Description	Sections where mitigations are listed within the plan	Residual Risk Score
1	There is a risk organisations across the MY A&E Improvement Group are unable to secure and align workforce capacity and skills to meet the winter demand for their services and an increase in staff sickness resulting in adverse impacts on system resilience across the MY A&E Improvement Group footprint.	Throughout winter review and planning section	Very High (20)
2	There is a risk Emergency Care Standard not being met, resulting in poorer patient experience, performance being at variance and continued national scrutiny until performance is in line with national standards.	Whole plan is focused on supporting achievement of this target.	High (16)
3	There is a risk that there will not be timely access to acute hospital beds unless improvements are made in the following areas: safe and effective discharge, ward processes and patient flow, contributing to not meeting the Emergency Care Standard and Delayed Transfers of Care target.	Acute Trust Community Social Care	High (16)
4	There is a risk that Emergency Department staffing challenges and process may contribute to not meeting the Emergency Care Standard and overcrowding.	Acute Trust	High (16)
5	There is a risk that financial challenges across the health and social care system may have an adverse impact on systems resilience across the MY A&E Improvement Group footprint during winter.	Finance	Medium (12)
6	There is a risk of reduced availability and timeliness of intermediate care and social care packages resulting in increased length of stay, discharge delays and poor patient experience.	Social Care Community	Medium (12)

Winter Risk Summary

No	Risk Description	Sections where mitigations are listed within the plan	Residual Risk Score
7	There is a risk of an increase in seasonal illnesses and outbreaks of infection, such as influenza and norovirus in the acute and community settings with the potential to impact on a temporary reduction of in-patient and community beds, care home placements and increasing hospital admissions and mortality.	Seasonal Influenza	Medium (12)
8	There is a risk that patients do not access the appropriate urgent and emergency care services this winter due to lack of awareness and service availability resulting in increased A&E attendances.	Communication	Medium (12)
9	There is a risk of not maintaining system resilience set in context of increased demand, not being able to predict surges in demand, acuity of patients, workforce capacity and delayed discharges resulting in failure to deliver improved outcomes for patients & reputational impact for MY A&E Improvement Group partners.	Escalation	Medium (12)
10	There is a risk that the number of nursing and residential care homes and associated bed numbers may reduce further, without alternatives being in place, resulting in delays to assessments and discharges which may have an adverse impact on discharge flow and system resilience across the MY A&E Improvement Group footprint.	Social Care	Medium (9)
11	There is a risk that the absence of sub acute care at home may increase demand on intermediate care beds, reducing availability of intermediate care beds resulting in increased length of stay, discharge delays and poor patient experience	Community	Medium (9)

Winter Risk Summary

No	Risk Description	Mitigations and residual risk details	Residual Risk Score
12	There is a risk that patients with long term conditions are not managed within the community sufficiently to prevent admission, patients are not supported to enable self-care resulting in increased A&E attendances	Primary Care Community	Medium (9)
13	There is a risk of Adverse weather events such as prolonged cold weather, snow and rain leading to flooding impacting upon patients with increased hospital admission and increased mortality. Prolonged snow and ice has the potential to impact on service continuity.	Adverse weather	Medium (12)
14	There is a risk that mental health bed availability will not be sufficient to meet demand on occasions, resulting in patients having extended waits at MYHT until a bed becomes available.	Mental Health	Medium (9)
15	There is a risk that limited discharge to assess pathways and the absence of step up access to intermediate care beds may contribute to longer hospital stays.	Community Social Care	Medium (9)
16	There is a risk that increased transport demand following Acute Hospital Reconfiguration may mean there isn't sufficient transport demand available to facilitate timely conveyances and transfers.	Transport	Medium (9)
17	There is a risk that without an integrated urgent primary care model which people are aware of and can navigate easily, patients will not attend the most appropriate service.	Primary Care	Medium (9)

WINTER PLAN 2018-19

1. PURPOSE

This paper informs the Board of Locala's plans for winter. It details likely pressures, contingency and escalation plans including links to Locala plans for *Major Incident, 'Flu Pandemic, Emergency Pressures* , and Business Unit OPEL *Continuity Plans*. It also links to the winter plans of partners on the Local A&E Delivery Board (LADB).

2. BACKGROUND

Typically, health and social care services experience increased pressures over the winter. This affects all services but is often felt most acutely in A&E and acute wards. In preparation, NHS England has issued guidance as to the priorities for local Urgent and Emergency Care systems and specified a list of system must do's for winter 2018/19

3. RECOMMENDATIONS

The Board is asked to Approve and endorse the preparations made for winter.

AIMS

Locala aims to provide high quality care for people in their own homes and in the Intermediate care beds, meeting regulatory standards, minimising avoidable admissions, waits and cancellations, and facilitating timely discharge from hospital beds in partnership with the local acute providers. The Department has published a list of actions expected to be undertaken by the whole system for winter 2018/19 and these include specific focus on community as detailed below:

• delivering 100% access to extended GP services;

• preventing unnecessary hospital admissions - the default should be that all care home residents with 'urgent' and 'less urgent' needs at risk of admission to hospital, first have a clinical assessment, through a GP, paramedic or other health professional based on the 'Hear & Treat'/'See & Treat' model;

• ensuring that home and bed based intermediate care, crisis response and reablement should be available in all areas for step up care as an alternative to hospital admission as well as on discharge, step down care. These should be available to self-funders as well as people needing council or NHS funded support;

• ensuring staff in hospitals have timely access to social care assessment staff and social care practitioners seven days a week, and that multi-disciplinary teams work together to make referrals and support discharge seven days a week;

• ensuring that all inpatients and their relatives, and in particular those who arrange and fund their own support, have access to timely information and advice in hospitals so that they can begin to make plans for discharge as soon as possible;

• offering a co-designed and mutually supported (by care providers) trusted assessment service for care homes, so that care home managers do not have to come into hospitals themselves and can rely on a trusted assessment in order to decide about potential admissions;

• home and bed based intermediate care, crisis response and reablement (for step up and step down care) should commence within 2 days of receiving the appropriate referrals. [NICE guidance (NG74) for bed based services extended to home based services to avoid a perverse incentive to refer patients to bed based services];

• care homes accept admissions (discharges from hospital) 7 days a week; for new residents until 5pm and returning residents up until 8pm;

• ensuring discharge to assess services are available in all areas, so that there is default expectation of home first, with increasing proportion of patients supported to return to their own home rather than going into long term care.

PARTNERSHIPS

2.1. Multi-agency Planning and Co-ordination

2.1.1. Locala is a member of both local health and social care A&E Delivery Board (LADB). Key partners include the three local Clinical Commissioning Groups (CCGs), Kirklees and Calderdale Councils, the Yorkshire Ambulance Service (YAS), and the South West Yorkshire Foundation Trust (SWYFT).

2.1.2. Locala works with other partners in the Local Resilience Forum (LRF) on all aspects of local emergency and major incident planning.

2.1.3. Locala complies with all national and local reporting requirements, including participation in the inter-agency conference call system.

2.2. Primary Care Services

2.2.1. GP services in Kirklees are provided by two Clinical Commissioning Groups (CCGs): North Kirklees and Greater Huddersfield, and in Calderdale by Calderdale CCG.

2.2.2. The CCGs commission urgent care services from Locala in North Kirklees. The Urgent Care Centres will operate normally throughout the winter, including the Christmas/New Year bank holiday. Calderdale CCG commission the Walk-in-Service from Locala.

2.3. Local Authorities – Social Care

2.3.1. Kirklees Council has challenging levels of Social Care provision and Calderdale Council has reasonable levels; both have good operational relationships with Locala, but both face severe budgetary pressures. Formal delayed transfers of care caused by Social Services are minimal but it can be difficult to access social care over the weekend and many patients remain too long in hospital after they are declared medically fit to leave.

2.3.2. Integrated health and social care teams (including intensive support from START and STUTS) provide support at home to vulnerable patients seven-days per week

2.3.3. Locala has a good history of working with the council in the spot purchasing of Nursing/Residential home beds

2.4. Mental Health-SWYPFT

SWYPFT provide mental health support for patients in the care of Locala, and both partners have implemented the high intensity user group. This ensures multi-agency Care Plans are in place for regular attenders at A&E who have mental health problems.

2.5. Locala WINTER PLAN - PROCESS

2.5.1. Leadership, command and control, and communication with colleagues

2.5.2. Locala's EMG/SMT will oversee the Winter Plan implementation led by the Executive Director of Operations

2.5.3. Daily operational pressures across the services will be managed through SITREP. Demand and capacity calls will be implemented in the ICCT teams to ensure activity is safely managed

2.5.4. Increased resource has been identified to manage operational pressures out of hours and at weekends including support from community matrons into both acute trusts to support timely patient flow and expedite discharge

2.5.5. Gold commanders are Directors or Assistant Directors; silver commanders are Senior Managers or equivalent; bronze commanders are Business Unit Operational Managers.

2.5.6. Communications will be led by the Communications and Marketing team. The *Winter Plan* will be available on the Locala Intranet and operational updates will be provided to colleagues via all user email.

3.0. Flexible use of resources:

3.1.1. The winter of 17-18 proved challenging with surges of activity beyond the norm and for extended periods this resulted in Locala having to cope with increasing demands from discharges and a call to support admission avoidance as well as sustained system support. A key theme of this plan, therefore, is flexibility. Winter arrangements will be kept under review and resources will be directed to where they will have the maximum impact.

3.2. Intermediate Care Pathway

The key programme for delivering improvements to the non-elective pathway is the revised pathway. It has four key themes:

- Work through the START team to prevent admissions where possible
- Effective triage to ensure patients are directed to the most appropriate location for their rehabilitation, including home with the right support rather than a bed
- Effective discharge, including improvements in the capabilities of an integrated discharge team to accept a wider range of patients to support a “home first” approach.
- Increased therapy capacity over seven days to ensure that patients rehab potential is maximised as quickly as possible to maintain patient flow

4. Locala WINTER PLAN

4.1. Overview

4.1.1. This Plan provides a brief assessment of Locala’s current risks, core capacity and capabilities, and a summary of key escalation actions.

4.1.2. OPEL escalation levels are likely to be as high if not higher than the 2017-18 average. Since January 2018, the daily Sitrep OPEL declarations in ICCTs show the main pressures concentrated in the January to March period. Whilst the below table represents the overall level across the teams there were significant periods of time where individual teams were reporting levels at 3 and 4

Integrated Community Care Teams OPEL Levels						
Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
OPEL Level	OPEL 2	OPEL 2	OPEL 2	OPEL 1	OPEL 1	OPEL 1

4.1.3. Key challenges for 2018-19 remain the same as in previous years:

- Caring for as many people as possible at or close to home
- Maintaining a timely flow of patients through the Emergency Department (ED) and in-patient areas
- Reducing delayed transfers of care, especially for patients likely to need packages of care
- Working with primary care to manage operational pressures

4.1.4. Locala Capacity and escalation planning

4.1.4.1. Locala activity is split into two broad categories:

- Managing demand pressure in community caused by Non-elective activity (A&E and in-patients) which is affected primarily by things like weather, incidence of infections and disease, an ageing population, etc. The local health economy has broadly the same range of services available this year as last. All other things being equal, therefore, non-elective activity is expected to be roughly similar to, or slightly higher than, last year causing a similar anticipated increase in community demand

- Activity covered by a block payment under the Locala contracts. In order to manage the increased demand there will be a commensurate lowering of service levels in some service areas as some areas of the business are requested to provide weekend support into both acute sites. Learning from last winter has provided Locala with a robust plan to manage the activity in a planned way

4.1.4.2. Capacity planning:

What we did last year and what do we need to do this year

4.1.4.3. Escalation processes

Priorities and processes to be followed when urgent activity pressures start to build are detailed in Appendix 1. This contains actions for use at each escalation level within the agreed OPEL framework.

Major Incident and Business Continuity Plans (see Appendix 2) are also in place covering a wider range of contingencies, such as staffing shortages, power outages, equipment failure, estates issues, etc.

4.1.4.4. Communication with patients

Both community and acute services provide a wide range of information to patients to help them manage their conditions and to access other services. For example:

- The Single Point of Access is the single portal for all communication with District nursing, START, therapists and specialist nursing services as well as planned care such as podiatry
- Specialist and community nurses provide details of NHS and non-NHS support
- If routine services have to be scaled back to deal with priority work, information will be disseminated by the communications team
- Patients whose out-patient appointment or in-patient / day case procedure is postponed will be offered an alternative appointment in line with national access standards

4.2. NHSE

NHSE guidance sets out the key priorities for LADB winter planning. Locala's contribution to this process includes:

4.2.1. Wider System Preparation

The local LADBs which includes representatives from relevant partner agencies manages the system performance key outcomes are: improved primary care access and prevention, fewer A&E and acute admissions / bed days, and fewer people in residential homes. Through the work Locala has linked to the LIS it prioritises the top 2% of the most frail and vulnerable older people and those with long-term conditions who are at risk of hospital admissions. The teams will agree proactive multi-disciplinary responses, so ensuring that health and social care "discharge capacity" (workforce, beds, equipment, funding) meets daily demand. Daily MDTs will be held to discuss care packages for patients where required.
Locala community matrons in Greater Huddersfield provide dedicated support to Care Homes, and the work to develop the integrated teams aligned to GP Practices is in development in the valleys.

4.2.2. Front door

In Dewsbury Hospital, the walk in centre is co-located with the Emergency Department, START professionals are based in both Emergency Departments to support the Acute Trusts to discharge patients home thus avoiding an admission. During the winter period Locala will deploy community matrons into the wards to support timely discharge over a seven day period.

Walk in Centre at Dewsbury Hospital, will provide a normal service throughout the winter
Mon- Fri 0900 - 2000
Sat – Sun 1000 – 2000
BH- 1000-2000 with the exception of Boxing Day and Easter Monday where opening times are extended to 10pm to take account of 4 day closures in primary care

4.2.3. Flow

Integrated Discharge management teams including community practitioners will be available through the winter to ensure patients are discharged in a timely manner to the most appropriate place and ensure flow through the intermediate care beds is maximised.

4.2.4. Discharge

Development of the trusted assessor role needs to be implemented in readiness for this winter and used in social work, community nursing and OT, commissioning Intermediate Care packages, supported by an holistic health and social care assessment tool.
The choice initiative has highlighted the importance of early engagement with patients and families; Both Trusts now have a choice policy which should ensure patients awaiting a long term placement have an alternative short term placement which is not a hospital bed.
Together with Kirklees council Locala has a strong record for arranging domiciliary care and reablement packages at short notice, including for urgent need. The local authority are currently exploring extra capacity for winter to implement extra short term capacity. They are also exploring the use of extra care housing capacity to allow flex within the system at times of surge.

4.2.5. Better planning for peaks in demand over weekends and bank holidays
Intermediate Care staff operate 7/7 as do the hospital social workers. However, it is usually difficult to institute new care packages over the w/end and Bank Holidays, although it can be easier to re-start existing packages. Work is ongoing with providers of domiciliary care to establish a mechanism for care packages to start at weekends.

4.3. Staffing

4.3.1. Overview

Locala utilises its Nurse Bank workforce and uses a framework to identify nursing agency staff available and a master vendor to identify Allied Health Professional staff available. In 2017-18, 70.65% of front line colleagues were vaccinated against flu, against a target of 70%. This year's CQUIN target is 75%. Leadership and oversight of the 'flu programme will, once again, be provided by the Director of Nursing. An action plan is in place to improve on last year's performance. This will include vaccination sessions at a wide range of community venues supported by comprehensive publicity

4.3.2. Core Capabilities and Escalation

The following capabilities and escalation actions apply

Core Capabilities and Actions	**Escalation**
'Flu Vaccinations <u>Actions undertaken in 2017/2018</u> • Flu group established including operationaland corporate representatives • Peer vaccinators recruited from all business units to administer vaccinations • Vaccinators educated via e-learning and face to face update • Communication/ Campaign plan developed and implemented • Get a jab give a jab for UNICEF promoted • National PGD adapted and adopted within the organisation • Database developed to record vaccinations administered, declined and contraindicated. • Reporting function implemented for teams to review progress • Figures routinely reported and monitored at SUT for campaign period <u>Further actions to be undertaken</u> • Medicines Optimisation Lead Nurse identified to lead on Flu campaign for 2018/2019. • Data recorded in 2017/2018 to be analysed in more detail (e.g understanding what reasons fall under the category 'Personal Choice' when declining the vaccination). • Quadrivalent vaccine ordered for 2018/2019 campaign. • Flu meetings for 2018/2019 planned in • Actions undertaken in 2017/2018 to be replicated as process was successful. • Incentive for flu jab to be determined.	
Staff Sickness and Cover • Robust sickness absence policy • Range of flexible working options • Action Plan to address concerns in the Annual Staff Survey • Seizing all recruitment opportunities for clinical staff to minimise dependency on Bank and Agency staff	• HR will prioritise support to managers to implement the sickness absence policy. Managers will be reminded of their responsibilities under the policy.

- Expand Nursing and Admin Banks to minimise dependency on Agency Staff

- **All but essential training cancelled over the Winter.** As much essential training as possible being front-loaded into the first three quarters of the year.

Travel

Locala enjoys a considerable fund of good-will from front-line colleagues, many of whom made prodigious journeys to get to work in previous winters. Colleagues who are unable to get to their normal work-place can take advantage of the range of flexible working options available within Locala HR policies.

The Business Unit Management teams will:

- Plan rotas so that there are enough colleagues on each shift who live only a short distance from their work-base to maintain essential services in the event of severe weather.
- Seek volunteers who live close to a site to offer emergency accommodation to colleagues who cannot get home.
- Identify where arrangements for 4x4 transport is required

Prioritisation of workload

High priority

- Discharge support, admission-avoidance services and community support for higher risk patients.

Lower priority

- Routine annual long term condition reviews.
- Non-urgent visits.
- Long-term care services to lower risk patients.

Other lower priority activities which may be scaled down or suspended include:

- Study leave and mandatory training.
- Data collection that does not need to be done in real time.

- Where necessary, Business Continuity plans will kick-in, and some services may be temporarily scaled back in order to give attention to higher priority services.

- Colleagues who cannot get to their normal work-site will be asked to attend the site nearest their home, if possible.

- Where necessary, Business Continuity plans will be implemented, and services will be prioritised.

4.4. Infection Control

4.4.1. 'Flu

Typically, the incidence of 'flu rises at some stage of the winter. Key impacts may include:

- Increased demand for community and acute services
- Increased workload pressures for those who remain at work

- Increased need for infection control facilities and equipment
- Potential interruption of supplies

Key measures, across community services, to mitigate the impact will include:

- Guidance on the use of anti-virals
- Sufficient stocks of vaccine will be procured
- Services will be prioritised as follows:

Staffing

- Colleagues showing 'flu symptoms should be sent home and should not return to the workplace until they are symptom free
- Maximum use will be made of flexible working policies
- Colleagues who have recovered from 'flu or who have been vaccinated should be approached first to volunteer to work in 'flu areas
- Policies regarding the effective us of protective masks, respirators and other equipment and clothing will be put into effect

Patients

- Patients with 'flu symptoms should be segregated from non-influenza patients, in community visit planning
- In the intermediate care facilities patients should be segregated as above
- Contaminated laundry should be categorised as infected

For major outbreaks, Locala has a *Pandemic 'Flu Plan* and a *Major Incident* Plan.

4.4.2. MRSA and C.Diff.

The incidence of MRSA does not tend to vary with the seasons, although raised levels of C .Diff can be experienced in the Winter, resulting in a higher demand for closure to admissions in the intermediate care facilities.
When the need arises the Infection Control Nurses will work with the homes to optimise bed utilisation whilst maintaining patient safety and reducing the risk of cross-infection. This will include re-opening of closed beds / areas /

4.5. Urgent Care

4.5.1. Overview

This performance needs to be sustained.	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A&E 4hr Wait Target												
NHSI Trajectory	89.9 %	92.3 %	92.8 %	95. 1%	95.7 %	95.3 %	94.3 %	91.8 %	89.5 %	91.2 %	92.9 %	95.0%
Performance												

Seen and Treated within 4 Hours												
Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/2018	100.00%	100.00%	100.00%	100.00%	99.90%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%
2018/2019	100.00%	100.00%	100.00%									

In 2017/2018 both Acute Trusts experienced significant sustained winter pressures and impact on performance in ED and ambulance transfers. This in turn had a knock on effect into community services. START will continue to base practitioners in the ED departments to ensure those patients that can safely return home do so with support if required.

Both Acute Trusts have successfully completed a Multi Agency Discharge Event (MADE) . CHFT plan to undertake a further event prior to Winter 2018/19. Locala and CHFT are currently exploring supporting, through Locala managers, the winter room this will include.

- Improved command and control arrangements
- Trouble shooting by Locala to support the ward staff to make decisions to discharge
- Work is continuing on the other key work-streams, including:
- "Home first" policy
- A focus on the stranded/super stranded patient category

4.5.3. Core Capacity and Escalation

Core Capabilities and Actions **Urgent Care**	**Escalation**
Walk in Centre at Dewsbury Hospital, will provide a normal service throughout the winter. Mon- Fri 0900 - 2000 Sat – Sun 1000 – 2000 BH- 1000-2000 with the exception of Boxing Day and Easter Monday where opening times are extended to 10pm to take account of 4 day closures in primary care Park & Calder Saturday & Sunday and bank holidays 8am – 8pm .	The Walk in Centre service will work within its own Business Continuity Plans. In summary, operational flexibilities to handle pressures include: • Staff working across sites, if necessary. • Less busy Centres will accept telephone calls and manage the home visiting to allow busier sites to focus on walk-in patients. • Where walk-in waits are lengthening, following triage, patients will be offered the choice to either wait to be seen, or to return later in the day for a planned appointment. • GPs will review home visit requests and work with 111 to ensure that home visits are only agreed if essential. If 111 is generating unnecessary demand, we will work with commissioners and YAS to address this through operational contacts and the System Resilience Group.

4.7. Community Capacity and Support

4.7.1. Overview

Locala community services range from large-scale services such as District Nursing to small specialist teams for TB, Diabetes, Heart Failure etc. Details of operating hours over the Christmas/New Year Bank Holidays will be available closer to the time. Demand modelling is based on trends from last year and on the contracted position.
Gaps in staffing will be covered, if necessary, by flexing staff deployment, provision of mutual aid, overtime, bank and agency spend, or drawing on recently retired staff.
Should demand exceed expected levels, services will be prioritised in accordance with clinical need. This may involve temporary reductions in some routine services. Priorities are:

1. patient safety and quality of care is not compromised
2. patients with urgent healthcare needs are seen first

3. patients are provided with the level of care they need to enable them to remain in their home, and avoid the need for unnecessary hospital admission.

If this winter turns out to be much more severe than last, either in terms of weather or prevalence of illness, we will respond using the escalation actions detailed below ensuring we have sufficient staff to meet urgent need.

Core Capabilities and Actions - General	**Escalation - General**
The following services will operate normally including over the Christmas/New Year holiday: ICCTs, START, WICs, IV therapy All other community services will operate normally during normal working hours. Christmas / New Year holiday arrangements will be determined closer to the time. Intermediate Care: Intermediate care services will operate as normal over winter.	Each service has its own Business Continuity Plan to enable core services to continue when under pressure. These plans contain detailed actions, but in general, they can be summarised as: • Priority services include, urgent care and child protection, essential visiting of patients at risk. Lower priority services will be limited to release as many staff as possible to support priority areas. • Inpatient admissions to intermediate care beds will be restricted to a prioritised list and discharges will be expedited. • Flexible working in times of bad weather, including re-allocation of staff to local work where possible. • Team leads will speak daily and meet weekly to discuss and flex community nursing capacity both within each Locality, and also across Kirklees, if necessary. • Volunteers will be sought to undertake extra shifts, if needed. • Caseloads will be prioritised to ensure capacity is focussed on high priority areas and patients. • Additional community equipment, particularly relating to pressure relief, is likely to be needed.

4.7.3. Major services: District Nursing

Where the service comes under pressure, escalation actions will mirror those detailed above, including:

- Prioritise work-load, if necessary cancelling non-urgent work (See Appendix 1)
- Contact patients to inform of cancellation or delay to service.
- If the patient is in need of medical attention, can they attend an UCC or GP surgery; or can 111 book an appointment at UCC or arrange alternative resource for home visit

If due to winter weather:

- Consider supplying 4x4 transport to bring staff to work and for home visits
- Obtain snow socks & shovels
- Consider re-deploying staff who are unable to attend their normal place / area of work to a more suitable location / area.

Locala community services, working with Primary Care, and play a significant role in the identification and treatment of vulnerable people via:

- The ICCTs, who often have some knowledge of most patients with significant care needs.
- Community Matrons, who are typically involved in co-ordinating care for the most vulnerable patients with long-term or life-limiting illness.
- Primary Care Practices, with whom District Nurses, etc. work alongside.
- START and social care staff, who provide assessments for patients with complex needs who are ready for discharge from an acute bed, or who have attended A&E or been admitted to AMU; and for patients in the community at risk of a hospital admission, referred by a GP.

- Specialist nurses – eg: diabetes and respiratory nurses – who provide support for patients with specific long-term conditions. In addition, for some groups direct access is available to Consultant medical support.
- We will identify vulnerable patients through SystmOne

Care Home residents are a particularly vulnerable group. In addition to the normal In addition to the normal support provided by the district nursing service and others to individual patients in residential care, Locala provide

Additional support to Care Homes in Greater Huddersfield as part of the care home support scheme.

Although the primary responsibility does not belong to Locala, in the event of a Care Home failing and residents having to be transferred to another provider, Locala will work with social care staff to identify alternatives for all patients and to ensure their health needs are met during after the transfer.

NHSE Winter Communications plans –NEEDS UPDATING FOR 18/19

The following Winter communications plans have been released by NHSE. **Campaign/activity**	**When**	**Who**
Stay Well This Winter Nationally-led campaign, using a range of radio, TV, social media and direct mail, encouraging people to seek help and advice at the first sign of feeling unwell.	**Phase 1 – 9-29 October - Flu vaccination** Promoting uptake amongst pregnant women, children 2-3 and those with long-term health conditions, particularly respiratory diseases (e.g. COPD or bronchitis) **Phase 2 – 6 November to 17 December – seek early advice and treatment to avoid unnecessary admission to hospital** Raise awareness of key messages among most at-risk groups (adults 65 and over, those with long-term conditions and carers). Mainly prompt those at risk to visit pharmacy for advice and/or treatment. *To be confirmed*	NHS England and Public Health
Flu vaccine campaign Specifically for asthma patients invited by GP for vaccination	**To commence early October and include:** **Posters, social media and online/digital materials.**	NHS England,

Winter communications toolkit – *attached.* Featuring public relations activity and materials to support stakeholder engagement and media relations, underpinned by consistent and coordinated messages.	Activity to commence by the end of September, including: □ Media releases □ Social media activity □ Online articles □ Stakeholder briefings	NHS England, - toolkit content to be implemented by NHSE comms, and via distribution to NHS trust and CCG comms, local authority and voluntary sector partners. *To be confirmed*

APPENDIX 1: OPEL Workload Prioritisation

The following diagram sets out OPEL level de-prioritisation of clinical and non-clinical work for community nursing to ensure resources are appropriately targeted towards high risk patients and clinical tasks at times of service pressure

OPEL 1

Suspend dedicated responder role

OPEL 2

- 10- 20% reduction in staff numbers.
- Actions to be upheld within ICCT's

Clinical work deferred

- Dopplers,
- Long term condition reviews
- Non urgent bloods
- Ear syringing
- Telephone non-essential visits i.e. stable palliative patients.
- Triage to deflect allf non-essential visits.
- Commence daily capacity and demand calls

Non-clinical work deferred

- 1-1s
- Non-essential, non-mandatory training

OPEL 3

- Internal silver command
- Action plan for OPEL 4
- Escalate to commissioners

Essential service delivery only – ALL OTHER VISITS DEFERRED

- Diabetics,
- Palliative care,
- Enteral feed if nil by mouth
- Essential medications,
- Non Invasive ventilation if over 12hr dependency
- Those at risk of autonomic dysreflexia,
- Wounds that are deemed as requiring a visit, that if cancelled would be detrimental to the healing process or potential sepsis.

Non-clinical tasks suspended to free up additional clinical capacity

- Mandatory training (existing staff only, not new starters
- Appraisals
- 1-1s
- GP MDT attendance
-
- Incident investigations and RCAs
- Reviewing deferred visits (CQC report)

APPENDIX 2

2018-04-30 Locala Corporate Business

APPENDIX 3

Severe Weather 3.2.docx

APPENDIX 4

Locala Outbreak Response Plan 3.2.p

Kirklees COUNCIL

Extract of Adult Social Care Winter Plan 2018-19

(Version 1.1)

Planning for Local Capacity and Additional Measures to Manage Winter Pressures and Bank Holiday Periods

1st November 2018 to 30th April 2019

Last Revised: 28.09.18

Extract of Adult Social Care Winter Plan 2018/19 (V1.1)

Return to previous place in document **(Alt + ←)**

Extract of Adult Social Care Winter Plan 2018/19 (V1.1)

Adult Social Care Overview

This Extract of Adult Social Care Winter Plan is a brief summary of the arrangements Adult Social Care have in place and the models they are currently working towards to mitigate the impact of winter pressures on the provision of health, care and support services to vulnerable people living in the Kirklees area.

For the purposes of this plan Adult Social Care (ASC) includes the following Kirklees Council services:

Access Strategy and Delivery (AS&D)

Adult Social Care Operations (North Kirklees) (ASCO NK)

Adult Social Care Operations (South Kirklees) (ASCO SK)

All Age Disability and Mental Health (AAD)

Commissioning Partnerships & Market Development (CP&MD)

Integrated Local Partnerships (ILP)

Policy & Development (P&D)

Safeguarding, Quality & Performance (SQ&P)

Adult Social Care Services over the Winter Period

Adult Social Care is working in collaboration with the local Clinical Commissioning Groups (CCG) and other local health agencies to prevent inappropriate admissions to hospital and delayed transfer of care. Multi-agency arrangements are in place to address system resilience arrangements during winter surge periods. The governance for this is overseen by the A&E Delivery Boards within Mid-Yorks NHS Trust and Calderdale and Huddersfield NHS Trust with representation from key partners. These arrangements have developed and strengthened following the successful management of winter pressures in previous years.

Work will continue across health and social care to ensure safe timely hospital discharges to meet the needs of service users and their carers' and with a focus on reducing delayed transfers of care.

The Short-term and Urgent Support Team (STUST) provide an intermediate care and reablement at home service providing year-round rehabilitation and reablement for vulnerable adults usually for a maximum of 6 weeks. In addition STUST also provide additional capacity across the domiciliary care market.

For individuals who receive home care in the community it is imperative that service delivery continues in particular during bouts of severe weather conditions. As in previous years social care services provided over the winter period will include the normal services provided all year round, with additional winter support arrangements.

Specific additional out of hours support is available year-round to support service users. In addition to the standard out of hour's social work service, there is also access to Approved Mental Health Practitioner (AMHP).

The All Age Disability and Mental Health Service provides support for children and adults with disabilities and this service will be also be supported by the out of hours arrangements over the holiday period.

Adult Social Care expect as part of their contractual arrangements that all the contracted care homes in the Kirklees area have effective arrangements in place to avoid unnecessary admissions to hospital and facilitate timely return after a hospital admission. Adult Social Care planning includes contingency plans in the event that an independent sector care home becomes at short notice unable to provide ongoing care for residents. Strong links with commissioning and safeguarding adults are in place.

Excellent partnership arrangements are in place between health and social care for the quick resolution of any issues arising from agreeing care packages, and year-round liaison and support systems are in place with local nursing/residential care homes.

Arrangements are in place to ensure continuity for care for service users living in the community and joint working with health and other partner agencies including over the bank holiday periods.

Kirklees Council Emergency Planning and Business Continuity Arrangements

Kirklees Council is a 'Category 1 Responder' and as such has a statutory duty under the Civil Contingencies Act 2004 to assess the risk of a minor or major incident occurring in the Kirklees area that may impact on residents. The council has a duty to prepare and maintain plans that will mitigate the impact of such incidents and allow it to effectively respond should such an emergency arise.

The emergency planning process is conducted alongside our partners including Category 1 and 2 Responders, contracted care providers, voluntary organisations, neighbouring Councils and Government Departments ensuring that the planning and response arrangements in place within the Council fully integrate and complement those of our partners.

It is recognised that whilst in most circumstances a 'major incident' is declared by the Police, it may be necessary for the council's Emergency Planning Team to declare a 'major incident', or 'emergency' and activate the council's Kirklees Major Incident Plan.

The Kirklees Major Incident Plan (and other associated plans) identifies the emergency and business continuity arrangements the council has in place to deal with major incidents that may affect residents living in the Kirklees area. In the event of an incident that requires the council's Kirklees Major Incident Plan to be activated the council's response will be managed and coordinated by the Kirklees Emergency Planning Team.

It is also recognised that in the event that a major incident is declared during winter periods this could be exacerbated by severe weather and winter conditions and during bank holiday periods.

Emergency Contact Arrangements

This Adult Social Care Winter Plan outlines the critical care activities that will continue over the winter and bank holiday periods. These critical care activities include hospital support and care management assessment, community support services (i.e. STUST, Carephones), contracted care services (i.e. contracted Dom Care Providers, Medequip), residential care and supported living schemes. Services normally operating 24/7 and/or out of hours will continue to do so with the usual management arrangements in place.

In the event of an incident over the bank holiday periods involving hospital support and care management assessment that requires the co-ordination of a senior manager, contact should be made with the HAT Duty Manager who will, in the event an OPEL 3 is declared, contact the Adult Social Care Lead.

Escalation Arrangements in the Event of a Serious Incident or Safeguarding Concern

In the event of a serious incident where an adult(s) is at risk of abuse or neglect this should be reported to Adult Social Care in line with local safeguarding procedures. A senior Adult Social Care manager will determine how and if the incident or safeguarding concern is escalated within the council and to relevant partners.

Major Incident – Corporate Emergency Planning Team

In the event of a **major incident** that may require the special mobilization or co-ordination of Kirklees Council resources the Corporate Emergency Planning Standby Officer will manage the call out of senior managers and if appropriate the Emergency Volunteers.

The Emergency Planning Team operates a 24/7 on-call service for the Council via the Corporate Emergency Planning Standby Officer.

Minor Incident - Adult Social Care Senior Leadership Team

In the event of a **minor incident** or event affecting a small number of Adult Social Care Service Users contact is required with an Adult Social Care senior manager to ensure a co-ordinated response to any operational issues.

Adult Social Care senior managers can be contacted out of hours via the Emergency Duty Service.

Emergency Duty Service

The Emergency Duty Service is available after core business hours – 365 days per year:

Monday to Thursday: 5.15pm – 8.45am
Friday: 4.45pm onwards
Saturday / Sunday / Bank Holidays: 24 hours per day

Domestic Violence and Abuse Services

Domestic Violence and Abuse Services has the contact details for the Pennine Domestic Violence Group and other useful contacts. Although the offices close during bank holidays they operate a 24 hour helpline for victims of domestic violence and abuse, ‘honour based’ violence, forced marriage and female genital mutilation.

Adult Social Care Emergency Planning and Business Continuity Arrangements

Adult Social Care has a number of service specific plans and arrangements that support the Kirklees Major Incident Plan and their social care and health partners that include the following:

Adult Social Care Emergency Plan

Adult Social Care Business Continuity Plan

Adult Social Care Operational Pressures Escalatory Levels (OPEL) Plan

Adult Social Care Outbreak and Pandemic Flu Plan

Adult Social Care Severe Weather Plan

Emergency Call-Out and Contact Details (Managers and Volunteers)

In addition Adult Social Care have a number of joint plans and arrangements with the Clinical Commissioning Groups (CCG) and relevant NHS Trusts and also work to the High Impact Change Model that focuses and supports local health partners to minimise unnecessary hospital admissions and delays to hospital discharge. These plans and models include the following:

OPEL System Response Planning (Mid-Yorkshire NHS Trust) A&E Delivery Board (A&EDB) (North Kirklees)

Surge and Escalation Resilience Response Plan (Calderdale and Greater Huddersfield) A&EDB (South Kirklees)

High Impact Change Model

Adult Social Care also works closely with commissioned and contracted services to ensure continuity of critical care services for service users. All contracted independent care providers (e.g. domiciliary care providers, care homes, disability equipment, etc.) are contractually obliged to have emergency and business continuity plans in place that ensure suitable arrangements are made to ensure continuity of critical care services in the event of a minor or major incident.

Adult Social Care Emergency Plan

The Adult Social Care Emergency Plan focuses on the management of an emergency incident by Adult Social Care until the next working day or until normal services can resume. The plan identifies the emergency contingency framework to be adopted by Adult Social Care during any minor or major incident. It is also intended that these contingency arrangements will operate and support the organisation in the event of emergency incidents specific to Adult Social Care. The development of this framework has involved the Corporate Emergency Planning Team and the contingency plan complements the corporate arrangements already in place.

If the incident is not resolved by the next working day the Adult Social Care Senior Leadership Team will consider activating the Adult Social Care Business Continuity Plan.

Adult Social Care Business Continuity Plan

The purpose of the Adult Social Care Business Continuity Plan is to identify Adult Social Care's critical and non-critical activities and specify the procedures for the service to follow in the event of a denial of access to its normal place of operation (i.e. access to the buildings), mass staff absence and interruption to IT systems and hardware essential to deliver the service in the event of a major incident. It also provides the necessary information to contact internal and external stakeholders, command centre locations and details of preferred relocation sites.

The plan outlines the strategic options (i.e. deployment of staff from non-critical to critical care activities) and management systems (i.e. team meetings and staff supervision) in place to

ensure workforce resilience - ensuring effective management during periods of extreme pressures.

Additionally this plan identifies those individuals who will manage service delivery during an incident and the recovery processes.

Adult Social Care Operational Pressures Escalatory Levels (OPEL) Plan

The Adult Social Care OPEL Plan identifies the Adult Social Care critical care and assessment services (i.e. HAT, MRS, INS, OOH, Carephones, STUST, Community Wellbeing Hubs, contracted care services domiciliary care, care homes, equipment, etc.) linked to health and Adult Social Care winter pressures that may impact on hospital admissions and discharges. It aims to provide a consistent approach to manage resources, demands and pressures, specifically by:

- enabling teams to maintain their service provision, quality, customer safety and meet statutory requirements
- setting consistent terminology using Operational Pressures Escalation Levels (OPEL) as per the local Clinical Commissioning Groups (CCG)
- providing a consistent set of escalation levels, triggers and protocols for each team to align their existing escalation processes
- setting clear expectations around roles and responsibilities for all those involved in escalation in response to pressures within the teams, service area and council

The OPEL Summaries and OPEL Briefing Reports provided by the Adult Social Care critical care and assessment services identified above are summarised into an Adult Social Care Summary OPEL Briefing Report which is used by the Service Director to inform the service and health partners.

In the event that OPEL 3 pressure is reached partners will operate Silver and Gold Command and Control as appropriate. During this period regular Silver Calls will take place where the Service Director will use the current OPEL Briefing Summary Report to inform partners of the current pressures within Adult Social Care and their commissioned care services that may be impacting on hospital admission and discharges.

Adult Social Care Outbreak and Pandemic Flu Plan

The Adult Social Care Outbreak and Pandemic Flu Plan focuses on the management of Adult Social Care services during an extraordinary outbreak or pandemic influenza until normal services can resume. The plan identifies the Adult Social Care contingency framework to be adopted during a response to disease outbreaks and pandemic flu outbreaks. It is intended this contingency framework will complement and support the corporate arrangements as outlined in the Kirklees Council Outbreak and Pandemic Influenza Arrangements.

Flu Vaccinations for Frontline Social Care Staff Employed by the Council

Kirklees Council frontline social care staff qualifying for a flu vaccination as part of health's vulnerable person at risk groups are advised to obtain a vaccination via their GP surgery or at one of the participating pharmacies' taking part in the vaccination programme arranged by Health.

All other frontline social care staff employed by the council who do not qualify for the flu vaccination as part of health's vulnerable person at risk groups are offered a free flu vaccination by the council, staff can take these up either via the councils Employee Healthcare or by attending a local pharmacy as per the council's arrangements.

All council frontline social care staff are encouraged to have a flu vaccination to reduce the risk to vulnerable service users they work with, themselves and their families. All identified staff receive a letter of invite by email to attend for a flu vaccination and the council's intranet site is used to promote the flu vaccination programme. Managers are also advised to discuss and promote the flu immunisation programme in team meetings.

All Council frontline staff are offered flu vaccinations and this year's programme of immunisation has been implemented.

Flu Vaccinations for Frontline Social Care Staff Employed by the Contracted Care Providers

Contracted care providers are responsible for providing flu vaccinations for staff they employ. All contracted Care Homes and Domiciliary Care Providers are advised and encouraged to provide their frontline staff with flu vaccinations. Public Health liaise with the contracted care providers with advice and information regarding Health's flu vaccination programme for England.

In November 2017 NHS England extended the seasonal flu immunisation programme to social care workers who offer direct patient/client care, working in England. These social care workers were now eligible for free vaccination as part of the extension to the seasonal flu immunisation programme. Staff were eligible under the extension to the immunisation programme if they are health and social care staff, employed by a registered domiciliary care provider or registered residential care/nursing home who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.

In Kirklees most community pharmacies and many GP practices provide vaccinations. Public Health recommends that staff contact their community pharmacy or GP practice to check they are providing the service before attending. For GP practices, this has to be the member of staff's registered practice.

The pharmacy text back number can be used by the individuals to identify which pharmacies are participating. If a member of staff texts "pharmacy flu" with their postcode (or work postcode) **to 80011** they will get an instant response telling them where their three nearest participating pharmacies are located.

PH Health Protection contacts all nursing and care home directly with the necessary information on the extension to the immunisation programme.

The Council's Domiciliary Care Contracts Team forwarded a letter template and email provided by Public Health to all the contracted domiciliary care providers to give to their staff to take to their GG or community pharmacy identifying them as entitled to a free vaccination.

Eligible staff will need to take appropriate ID which shows their name and their employer such as an ID badge, letter from their employer or a recent pay slip.

The extension to this programme was designed to complement, not replace existing immunisations schemes already in place across health and social care.

Adult Social Care Severe Weather Plan

The Adult Social Care Severe Weather Plan outlines the arrangements Adult Social Care have in place to ensure continuity of critical care services to vulnerable people in the community during bouts of severe weather. Preliminary work is undertaken with Brokerage, STUST and the contracted domiciliary care providers so that existing service users are identified and RAG rated to identify the most vulnerable, i.e. those who have high level needs and are living alone without immediate support from family or neighbours.

Every effort is made to ensure service continues and people receive their domiciliary care services, the specific arrangements identified in this plan include:

- mutual aid agreement arrangements between contracted domiciliary care providers
- access to 4x4 vehicles/drivers via Streetscene
- snow clearing for vulnerable persons properties
- access to gritting and snow clearing for vulnerable services
- the STUST Domiciliary Care Service of Last Resort
- triaging of requests for emergency assistance from vulnerable people living in the community due to the severe weather conditions
- provision of emergency food parcels and prescription collections
- authorization and mobilisation of the 'snow volunteers' should the service continuity arrangements require additional support.

Severe Weather Arrangements – Staff Access to Work

All council staff are under an obligation to get to work. The council however recognises that on occasions employees may be unable to attend work, arrive at work late or be allowed to leave early due to severe weather conditions. Some staff may also be allowed to work from home if this is appropriate.

In the event of severe weather, staff must make contact with their manager to agree working arrangements for each period of severe weather. Information will also be made available on the Council's Intranet to provide guidance for staff.

As part of Adult Social Care's winter planning all Adult Social Care staff are issued with Appendix 1 Winter Driving Checklist and Appendix 2 Household Emergency Plan. These winter leaflets have useful information and advice on planning for winter and include useful checklists.

Emergency Call-Out and Contact Details (Managers and Volunteers)

The Emergency Call-Out and Contacts (Managers and Volunteers) plan has the contact details for approximately 160 council staff including the Adult Social Care Senior Leadership Team who have volunteered to help out should assistance be required during an emergency incident or bout of severe weather until normal services can resume – we anticipate this will be in the short term. There are a number of roles that an Emergency Volunteer may be asked to undertake in an emergency, i.e. incident loggist, evacuation centre, control room or the role of 'snow volunteer'.

The role of 'snow volunteer' may be required during bouts of extreme weather to assist Adult Social Care support vulnerable people living in the Kirklees community. The 'snow volunteer' may be asked to either assist a professional care worker or to undertake a number of tasks on their own, these tasks include shopping, collect prescriptions, make a drink or meal, laundry or provide personal care. The tasks requested are to ensure the vulnerable service user is as safe and comfortable as possible until normal services can resume.

Emergency Volunteers are provided with written guidance that includes a comprehensive 'do and don't' list with health and safety advice. If mobilised the volunteer will always have a manager they can call for advice and guidance.

Authorisation to mobilise Emergency Volunteers in the role of 'snow volunteer' must be provided by an Adult Social Care senior manager or in the event of a major incident by the Corporate Emergency Planning Team – this protocol is detailed in the emergency call-out plan.

Mid-Yorkshire NHS Trust: Operational Pressures Escalation Levels (OPEL) System Response Planning

The OPEL System Response Planning (Mid-Yorkshire NHS Trust) A&E Delivery Board (A&EDB) arrangements detail the agreed local processes in North Kirklees hospitals Dewsbury District Hospital and Pinderfields Hospital for ensuring a co-ordinated and planned response to circumstances where pressure in one or more parts of the system is impacting on the system's ability to ensure services are safe and of high quality. This multi-agency plan has been developed through the Mid-Yorkshire NHS Trust A&E Delivery Board with all organisations committed to using the processes identified in the plan to support the system.

As part of the A&EDB Adult Social Care have agreed to ensure there is an identified contact to feed into each level of command calls as necessary and will ensure that OPEL levels are reviewed on a daily basis throughout the winter pressures period.

In the event the Mid-Yorkshire NHS Trust declares an OPEL 3 contact should be made with the Adult Social Care Lead.

In the absence of the Hospital Social Work Team Manager or Deputy, the HAT Duty Manager is responsible for contacting the Adult Social Care Lead.

Calderdale and Greater Huddersfield: Surge and Escalation Resilience Response Plan

The Surge and Escalation Resilience Response Plan (Calderdale and Greater Huddersfield) A&E Delivery Board details the agreed local processes in South Kirklees hospitals Huddersfield Royal Infirmary and Calderdale Royal Hospital for ensuring a co-ordinated and planned response to circumstances where pressure in one or more parts of the system is impacting on the system's ability to ensure services are safe and of high quality. This multi-agency plan has been developed through the Calderdale and Greater Huddersfield A&E Delivery Board (A&EDB)

with all organisations committed to using the processes identified in the plan to support the system.

As part of the A&EDB Adult Social Care has agreed to ensure there is an identified contact to feed into each level of command calls as necessary, and will ensure that OPEL levels are reviewed on a daily basis throughout the winter pressures period.

In the event Calderdale and Greater Huddersfield Hospital declares an OPEL 3 contact should be made with the Adult Social Care Lead.

In the absence of the Hospital Social Work Team Manager or Deputy the HAT Duty Manager is responsible for contacting the Adult Social Care Lead.

High Impact Change Model

Adult Social Care continues to work jointly with their health partners using the High Impact Change Model to support hospital to home transfers of care. This model also helps to support local care and health systems to manage patient flow and discharge from hospital to home. The High Impact Model identifies the eight system changes that have the greatest impact on reducing delayed transfer of care. The following summaries are the steps and actions Adult Social Care have taken to support hospital to home transfers of care as part of this model:

Early Discharge Planning

Based in HRI and DDH Adult Social Care have a team of ward based Hospital Discharge Assessors to commence early intervention work - staff will often engage with families during visiting hours to commence discharge planning and support patient choice. The Hospital Avoidance Team (HAT) also attend the Medical Assessment Unit (MAU) ward rounds with consultants to support work to avoid hospital admission – this includes arranging appropriate packages of care and signposting service users and families/carers to other appropriate care and support provision.

Systems to Monitor Patient Flow

A weekly Delayed Transfer of Care (DTOC) list is reviewed by team managers and service managers to monitor themes and identify actions. A Transfer of Care (TOC) database gives live illustration of the current bed state and any delays to support a proactive approach to discharge. The patient flow is continually monitored to support effective discharge planning and reduce delayed hospital discharges.

Multi-disciplinary, Multiagency Discharge Teams (including voluntary and community sector)

A new community health Frailty Model is currently being developed by the community health providers and the NHS Trust.

- **Hospital Avoidance Team (HAT)** - HAT are part of the multi-agency Frailty Team supporting the Frailty Model being developed across the NHS Trusts. The Frailty Team is a multiagency discharge team made up of OTs, Locala (community health provider) and HAT. This team focusses on avoiding hospital admissions and looking at alternative care and support options.
- **Hospital Social Work Team** – HAT are also part of the Hospital Social Work Team and liaise with hospital discharge co-ordinators to ensure clear communication regarding patient social care needs. Social Workers also undertake assessment of patients to facilitate discharge.

- **Medical Assessment Unit Ward Rounds** – HAT also attend the Medical Assessment Unit ward rounds with consultants to support work to avoid hospital admission. This includes signposting and arranging appropriate service and support provision. This has resulted in quantifiable evidence of admissions avoided through the intervention of the HAT team.

Community Independence Services

- **Mobile Response Service (MRS)** - provide an urgent response service in the community (i.e. respond to carephone activations with non-responsive service users, lifting people who have fallen at home, etc.) to avoid hospital admissions and ambulance call-outs to vulnerable people in the community.
- **Hospital Avoidance Team (HAT)** - provide an urgent service (i.e. assessments, arranging STUST POCs, signposting to community services, etc.) for patients presenting in A&E and Acute Care of the Elderly (ACE) to avoid hospital admissions.
- **Short-term Urgent Support Team (STUST)** - provide a short-term support and reablement service for up to six weeks in people's homes to prevent unnecessary admission to hospital and facilitate timely discharge.
- **Hospital to Home Services** – contract funded and managed by the CCG with Age UK to support newly discharged people to settle back into their community based residence following a hospital stay, (e.g. greeting, shopping and settling in support). This service frees up MRS staff and supports families and carers to facilitate speedier hospital discharges.
- **Intermediate Beds** - the council's care home Ings Grove and Moorlands Grange each provide Intermediate beds. Intermediate beds are for patients who are medically fit for discharge but require a 'step-down' bed to bridge the gap between hospital and home.
- **Transitional Beds** – the council's care home's Ings Grove provides transitional beds and Moorlands Grange provides transitional beds (plus short stay beds). Transitional beds are used for patients who are medically fit to return home but there is a Delayed Transfer of Care (DTOC) to community based services. If there are no transitional beds available in the two council care homes the Hospital Social Work Team will, where possible, commission beds from the independent sector to meet the shortfall in needs.

Part of Kirklees Council's wider Transformation Plan and Sufficiency Project is to grow more reablement capacity to develop a 'discharge to assess' model enabling patients to go home and receive their assessment within their home environment.

Seven Day Services

To improve the flow of people through the system and across the interface between health and social care joint 7 day working is ongoing providing more responsive services:

- **Mobile Response Service (MRS)** – provide a 7 day x 24 hour service that works to prevent hospital admissions.
- **Hospital Avoidance Teams (HAT)** - provide a 7 day working week (9am – 9pm) service based in the HRI and DDH hospitals A&E and the Acute Care for the Elderly ward.
- **Hospital Social Work Teams** – provide a 7 day working week (9am – 5pm) service based in the HRI and DDH hospitals.
- **STUST (Locality Managers) –** provide a 24 hour x 7 day service to ensure arrangements continue for existing packages of care and to arrange transfers of care.

All critical care services provided or contracted by the council also provide a 7 day service, i.e. Short-term and Urgent Support, contracted Domiciliary Care Providers, care homes, etc.

Trusted assessors

Trusted Assessors are employed as part of the Discharge Support Programme to support and facilitate discharges into care homes and to avoid discharge delays. Following a period of in-patient care, and prior to an individual's discharge to a community residential or nursing care home, practitioners are required to undertake a statutory assessment or review to determine eligibility. Additionally, a separate assessment by the care home is required for individuals prior to discharge in order to enable a safe discharge. Currently, a high proportion of care homes assess the individual in the hospital setting, using their own assessment tools. However, due to their own capacity and resource issues, this can contribute to delayed discharges and delayed transfer of care.

Trusted Assessors are employed by the Mid-Yorks Trust and Calderdale & Huddersfield Foundation Trust to support and facilitate effective and timely discharges from hospital settings into care homes. The Trusted Assessors work as part of the Discharge Support Programme with the Care Home Vanguard Support Team, Discharge Teams and care homes whilst remaining independent. Trusted Assessors are funded by the Improved Better Care Fund (iBCF). There are two Trusted Assessors employed in Kirklees – one based in HRI and one based DDH.

Focus on choice

Hospital Social Work Teams and Community Wellbeing Hub Assessors promote patient choice by:

- **Support Options** – Assessors discuss the support and care options open to the patient, i.e. commissioned services, direct payments, etc.
- **Signposting** – patients to lower level services via the council's Care Navigation Team who will assist the patient to access community services as appropriate.
- **Mobile and Agile Kit** – to involve and inform families not living locally, for example, skype meetings

It is recognised that patient choice can often be one of the key reasons for Delayed Transfer of Care (DTOC).

Enhancing health in care homes

South Kirklees Greater Huddersfield CCG has commissioned Locala to provide a Care Home Support Service working with individuals living in care homes to complete a Malnutrition Universal Screening Tool (MUST) Assessment, Advanced Care Planning and DNACPR. There are plans to extend this service into North Kirklees.

North Kirklees CCG have produced a Frailty Strategy which includes an action focussing on using the Electronic Frailty Index (eFI) screening tool on care home residents.

Kirklees Council and the CCGs hold the joint multi-disciplinary Care Home Early Support and Prevention (CHESP) Meetings attended by the Council, CCG, Locala, CQC and other invited agencies. At these meetings early warning and alerts are raised and discussed to enable a more proactive approach with care home providers and offer support to care homes at an early stage. The purpose of this multi-disciplinary group is to improve provider quality and the quality of life and satisfaction of individuals living in residential and nursing care.

Adult Social Care Service Delivery during Bank Holiday Periods

The following is a summary of the Adult Social Care buildings and services that will operate during the bank holiday periods:

Continue to operate 24/7:

Residential Care Homes (operated by the council)

Contracted Care Homes

Supported Living Schemes

Other Critical 24/7 Services i.e. Carephones, Medequip

Continue to operate their normal service hours:

Short-Term Urgent Support Team (STUST)

Contracted Domiciliary Care Providers

Out of Hours Management Support (OOH)

Integrated Night Service (INS) – joint service with Locala

Hospital Based Services i.e. Hospital Avoidance Team (HAT) (HRI / DDH), Hospital Social Work Teams (HRI / DDH), Mobile Response Service (MRS)

Services with specific operating hours:

Day Care Services for adults (council provision)

REAL Employment

Closing statutory bank holidays only:

All other Adult Social Care Services/Teams not identified in the above categories.

Kirklees Council Winter Preparation and Maintenance

In early autumn Kirklees Council hold an annual Pre Kirklees Winter Planning Meeting where Adult Social Care, other council services and partners are brought together to give assurance preparations are in place for winter.

Housing has a plan in place for dealing with homeless people during severe weather – the plan will activate when the temperature falls below 0^{o} for 3 consecutive nights. Under the current system, homeless people will be provided with overnight accommodation until the weather improves.

Robust arrangements have also been developed for school closures that occur as a consequence of winter weather. Current information on school closures can be found at the following link: www.kirklees.gov.uk/schoolclosures.

The councils Highways and Operations have a stock of grit in preparation for winter - the gritting service will operate for 24 weeks from end October until mid-April. Included in the gritting service are approaches to hospitals, health centres and care homes. Priority is given to 'Priority Routes' these consist of main roads, main bus routes and steep roads that provide important links to main roads. In snow conditions the gritters will remain on the primary network and then

follow up with gritting 'secondary routes if there is standing snow that is predicted to stay, if it has stopped snowing or if the primary network is clear.

In emergency situations, the council will work with health and social services to help get patients to hospital appointments that cannot be postponed. Some weather conditions are extremely difficult to predict and there are times when Highways simply cannot do anything to help. People who have crucial hospital appointments (such as dialysis), or who access social care, should not contact the council but should contact the hospital or social care provider who will tell them what the situation is and what they need to do and they will contact the Council who will direct help to the most urgent issues.

The Kirklees Council website also includes the following winter information:

- Information on winter disruptions, closures and weather including school closures can be found at: Disruptions, closures and weather
- Kirklees Direct staff are available to take calls 8am to 5pm weekdays, 8am to 4pm Saturdays and 9am to 4pm Sundays - **01484 414700**
- Kirklees Direct emergency 24 hour helpline goes live in severe winter weather supporting vulnerable people - **01484 414888**
- Out of hours emergency situations such as damaged street lights, accidents, flooding or assisting the police, for example, the Kirklees Direct out of hours message will provide the number to use
- Other winter information can be found at: www.kirklees.gov.uk/winter - there will also be regular updates on Facebook and twitter@kirkleeswinter.

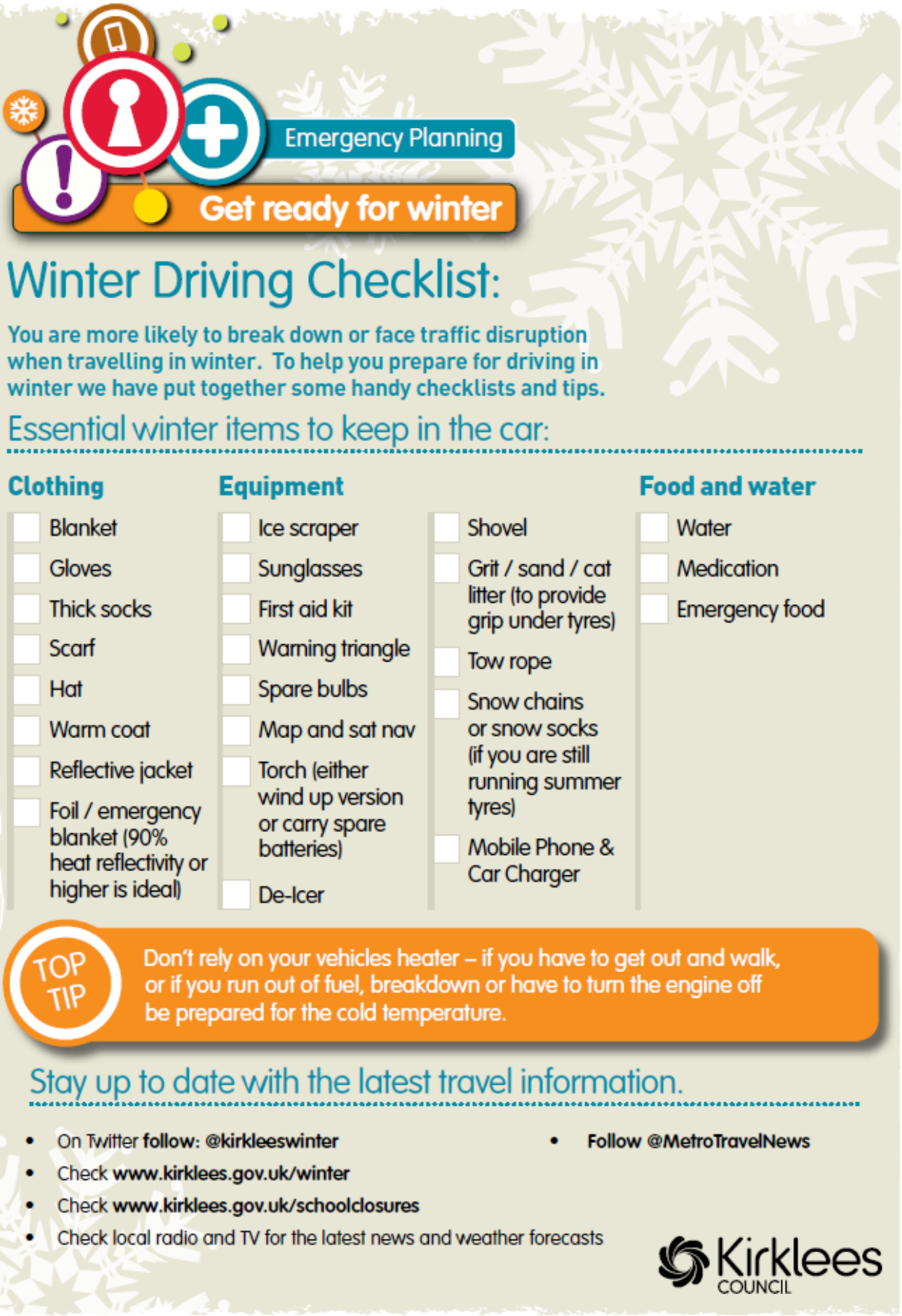
As part of encouraging community resilience the council also promotes the Met Office Snow Code that gives clear guidelines for people clearing their own driveways, and legal implications for people clearing pavements and other public areas see: Met Office: The Snow Code

The Kirklees Flood Policy and Operation Plan has been produced in liaison with the Emergency Planning Team, Highways and the Flood Management Team - this plan shows the different levels of responses that Senior Decision Makers would make when in receipt of weather warnings. Based on the intelligence received from the Met Office and, or the Environment Agency conversations will be held between the relevant departments in order to determine what level of response should be activated within the plan. This will also help the Council to utilise resources more efficiently.

The council has an emergency 4x4 vehicle plan that will be activated in the case of notification of a severe weather event, i.e. severe or prolonged snow or ice conditions to support critical community services.

The council has embedded robust service continuity arrangements in all of its identified critical services and has a Corporate Business Continuity Plan that will be used to coordinate the council's response to a major disruption including during winter weather and the bank holiday periods.

Appendix 1 Winter Driving Checklist



Check that your car is ready for winter.

- **Tyres** – most UK cars come fitted with summer tyres, consider changing to winter or all weather tyres. While the legal minimum is 1.6mm, no less than 3mm is recommended for winter driving. Check tyre pressures regularly as they can change once the temperature drops.
- **Antifreeze** – check coolant level, top up if it's low or take it to your local garage.
- **Battery** – a flat battery is the most common cause of winter breakdowns. Check yours is OK, your local garage or battery dealer can help.
- **Fuel** – keep at least a quarter of a tank in case of unexpected hold ups or delays.
- **Lights** – carry spare bulbs and make sure all lights are clean and working correctly.
- **Windscreen** – renew worn wiper blades and clean windscreen inside and out. Don't try and clear a frozen windscreen with wipers as it can damage the rubber. Don't defrost your windscreen by pouring boiling or hot water over it, as it could crack.
- **Screenwash** – use a 50% mix of good quality screenwash to stop it from freezing. Top up regularly – you'll use a lot more in the winter months.
- **Locks and seals** – stop doors freezing shut by using Vaseline or similar product on rubber door seals.

TOP TIP

Walking to and from the car in the snow? Try wool socks on the outside of your shoes or try overshoe ice grips for more traction.

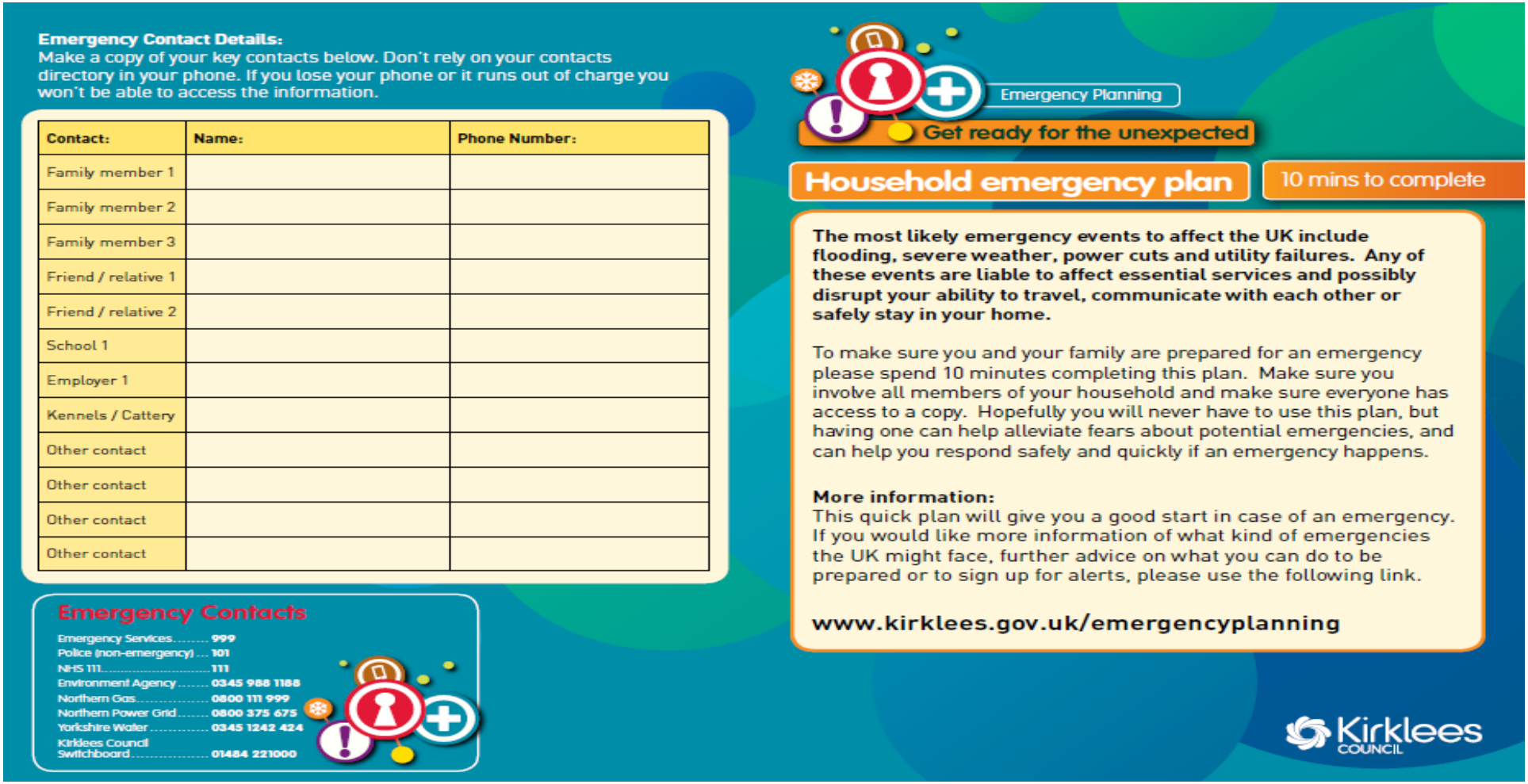
Driving tips in snow and ice:

- Only travel if absolutely necessary.
- Consider winter or all weather tyres.
- You must be able to see, so clear ALL snow and ice from windows, mirrors and the roof (to stop it slipping onto the windscreen when braking).
- Wear comfortable, dry shoes for driving.
- The trick to driving in winter is being gentle and planning ahead.
- Pull away in 2nd gear where possible, low revs and a gentle right foot so the wheels don't spin.
- Stick to main gritted routes where possible and stay off closed roads.
- Plan well ahead when driving to avoid having to stop or slow down on hills.
- Drive slowly around bends, where loss of control is a risk.
- Reduce speed early and gently, use a low gear and engine breaking, try not to be heavy on the brakes so you don't slide.
- Leave plenty of space between you and the car in front, stopping distances can increase by ten times dry weather distances.
- Gritted roads can still be slippery – always drive for the weather conditions.

Winter and preparing your home:

Please see our "Emergency Household Plan" for all the hints, tips and checklists to help you prepare your home for an emergency, visit: **www.kirklees.gov.uk/emergencyplanning**

Appendix 2 Household Emergency Plan



Emergency Contact Details:
Make a copy of your key contacts below. Don't rely on your contacts directory in your phone. If you lose your phone or it runs out of charge you won't be able to access the information.

Contact:	Name:	Phone Number:
Family member 1		
Family member 2		
Family member 3		
Friend / relative 1		
Friend / relative 2		
School 1		
Employer 1		
Kennels / Cattery		
Other contact		
Other contact		
Other contact		
Other contact		

Emergency Contacts

Emergency Services..... 999
Police (non-emergency) ... 101
NHS 111..... 111
Environment Agency 0345 988 1188
Northern Gas..... 0800 111 999
Northern Power Grid..... 0800 375 675
Yorkshire Water 0345 1242 424
Kirklees Council Switchboard..... 01484 221000

Emergency Planning

Get ready for the unexpected

Household emergency plan 10 mins to complete

The most likely emergency events to affect the UK include flooding, severe weather, power cuts and utility failures. Any of these events are liable to affect essential services and possibly disrupt your ability to travel, communicate with each other or safely stay in your home.

To make sure you and your family are prepared for an emergency please spend 10 minutes completing this plan. Make sure you involve all members of your household and make sure everyone has access to a copy. Hopefully you will never have to use this plan, but having one can help alleviate fears about potential emergencies, and can help you respond safely and quickly if an emergency happens.

More information:
This quick plan will give you a good start in case of an emergency. If you would like more information of what kind of emergencies the UK might face, further advice on what you can do to be prepared or to sign up for alerts, please use the following link.

www.kirklees.gov.uk/emergencyplanning

Kirklees COUNCIL

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Preparation:

Use our two handy checklists to help plan in case of an emergency. You can prepare a bag of useful items you and your family could need. If they are stored in a bag they can be found easily if you have to stay in, or can be taken with you if you were asked to leave your home. Make sure everyone in your home knows where it's kept.

Be prepared checklist:

- ❑ Do you have an emergency bag?
- ❑ Do you have smoke detectors fitted?
- ❑ Are the smoke detectors checked regularly?
- ❑ Do you have carbon monoxide detectors fitted?
- ❑ Are the carbon monoxide detectors checked regularly?
- ❑ Are you in a flood area? (if so are you signed up to alerts for flood warnings?)
- ❑ Do you have sufficient buildings and contents insurance?
- ❑ Do you know how to switch off your gas, electricity and water if needed?

Gas turn off located:

.....

Electricity turn off located:

.....

Water turn off located:

.....

Emergency Bag (suggested contents):

Family Documents
- ❑ Copy of this plan
- ❑ Passports
- ❑ Driving licences
- ❑ Insurance policies
- ❑ Birth Certificates
- ❑ Family photos (in case of separation)

Personal Items
- ❑ Toiletries
- ❑ Medication
- ❑ Glasses
- ❑ Hearing aids
- ❑ Change of clothes
- ❑ Mobility aids

Supplies for babies / small children
- ❑ Food and drink
- ❑ Nappies / nappy bags
- ❑ Small toy

Other items
- ❑ First aid kit
- ❑ Torch (wind up or spare batteries)
- ❑ Candles and matches/glowsticks
- ❑ Food and bottled water for 3 days (do not rely on fridge/freezer for food)
- ❑ Radio (wind up or spare batteries)
- ❑ Foil blankets (1 per household member)
- ❑ Spare home and car keys
- ❑ Mobile phone chargers
- ❑ Cash and credit cards
- ❑ Pet supplies (if needed)
- ❑ Pack of cards

During an emergency:

Depending on the nature of the emergency you may need to stay in your home, or you may be asked by emergency responders to leave your home.

Staying in your home:

Stay safe and don't take risks.

- Close all windows and doors if necessary
- Receive updates from local TV and radio
- Follow the advice of the emergency services

Leaving your home:

If you have no source of transport or have no alternative accommodation, notify a member of the emergency services – either when asked to move or via the non emergency 101 number.

On leaving your home make sure you do the following:

- ❑ Lock doors and windows
- ❑ Let family know where you will be
- ❑ Make arrangements with school / work
- ❑ Notify the emergency services of any neighbours who may need assistance
- ❑ Pick up your emergency bag (and any items you need that are not in the bag)
- ❑ Take pets with you
- ❑ Turn off your gas / electricity / water if told to do so

Notes:

Review date: Aim to review your plan every 12 months

1. DD/MM/YYYY 2. DD/MM/YYYY 3. DD/MM/YYYY

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Extract of Adult Social Care Winter Plan 2018-19

(Version 1.1)

MEETING:	**KIRKLEES HEALTH AND WELLBEING BOARD**
DATE:	**THURSDAY 6th SEPTEMBER 2018**
TITLE OF PAPER:	**LEARNING FROM WINTER 2017-18 ACROSS KIRKLEES**

1. Purpose of Paper

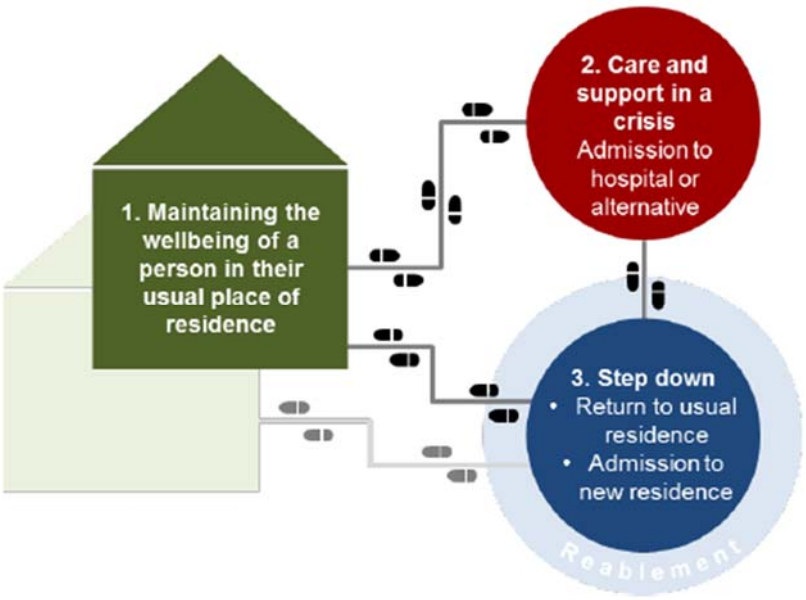
1.1 To present the findings of the review of Winter 2017-18 and proposed actions to take forward the lessons learnt.

2. Background and Key Points

2.1 In March 2018 the Board supported the proposal to undertake a Kirklees health and social care system wide review of local experiences over winter 2017/18 to identify the key learning points and propose actions to improve outcomes and system efficiency and effectiveness. And to receive a report setting out the lessons learnt and the proposed actions for the Kirklees health and social care system.

An interim progress report was presented to the Board on 28th June 2018.

The proposed approach was based on the model being used by CQC in their Local System Reviews[1]:



2.2 The focus for the operational response to the winter pressures in Kirklees is through the 2 local A&E Delivery Boards which are based on the acute Trust footprints – Calderdale & Huddersfield and Mid-Yorkshire (in Mid-Yorkshire this is called the A&E Improvement Group). Both A&E Delivery Boards have undertaken their own reviews, and these include the neighbouring areas of Calderdale and Wakefield. This Kirklees place based review drew on these but also took a wider Kirklees health and social care system view.

2.3 The review was based on in depth interviews with people from across the Kirklees health and social care system. The framework for the interviews drew on the key themes that have emerged from the CQC reviews, and the complimentary report 'Why not home? Why not today?'[2];

- How well led do you feel the 'system' was over winter? Where did that leadership

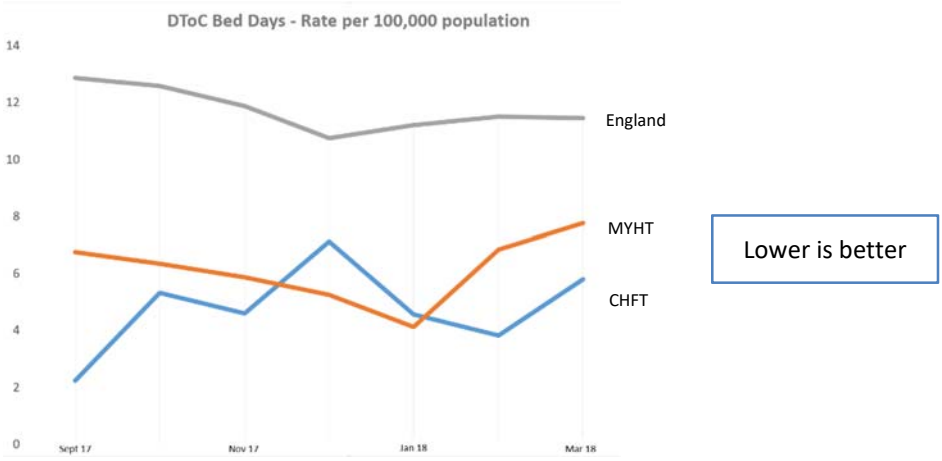
come from? Were there any leadership issues?

- How did relationships between different partners affect the local response to winter?
- We all agree that putting the person, and their best possible outcome, at the forefront of everyone's thinking and focus is crucial. How well do you think we did this over the winter?
- See person journey diagram. How well do we share ownership of the person's entire journey through the system?
- Where have the pressure points been and missed opportunities?
- What should we be measuring to show that we are making a difference?

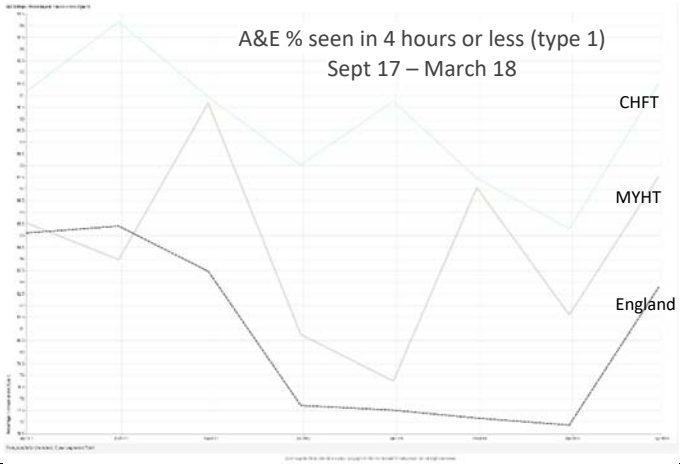
2.4 More than 40 people from across the system have been interviewed individually or in groups. The interviews were undertaken by Steve Brennan (SRO for Integration), Emily Parry Harries (Head of Public Health) and Phil Longworth (Health Policy Officer). The findings from the interviews were used as the basis for a facilitated workshop on the 13th July to which all interviewees were invited.

2.5 Interviewees included people from across the system, i.e. both acute Trusts, adult social care operations and commissioning, CCGs, Locala, domiciliary care, Healthwatch, Kirklees Equipment Service and Accessible Homes Team, Locala, primary care & GP out of hours, residential care, SWYFT and both A&E Delivery Board chairs.

2.6 Whilst the system both locally and nationally was under significant pressure performance against 2 key metrics, delayed transfers of care and A&E waiting times, showed that across both footprints the local system compared well with the national picture.



Lower is better



Higher is better

3. Lessons learnt and proposed actions

3.1 The key headlines across include:

a) Positive relationships at all levels, from operational front-line staff to senior and strategic leaders are essential, but these cannot be established only in the very pressurised environment of OPEL based winter planning. Therefore, all partners need to invest time in building these relationships across the year. There has been significant positive progress on developing these relationships in 2018 and this needs to continue.

b) The importance of a shared understanding across the system of levels of risk being carried by each part of the system and how these can be managed through formal partnership mechanisms e.g. OPEL and informal collaboration.

c) The value of consistency of involvement to enable the development of positive relationships and shared understanding, and all partners being proactive in sharing information about actions they are taking to improve outcomes especially actions that will reduce pressure across the system.

d) Several organisations, including the Council, Locala, SWYFT and Local Care Direct are playing into two silver command arrangements and A+E Board arrangements rather than one and this presents additional challenges in terms of the calls on staff time.

e) The whole system needs to speak with a single voice about how it is responding to periods of increased pressure and how staff, partners, users/patients and the wider community can play their part in enabling us to achieve the best outcomes for those in the greatest need.

f) Planning for winter should not be a separate process from planning for overall system improvement, and the scheduling of planning and governance activity should recognise the need to focus on service delivery when the system is under pressure because of increased levels of activity.

g) The continuing challenges around nursing home capacity, especially specialist elderly mentally ill homes, and the availability of domiciliary care. Understanding the implications of actions in other parts of the system on these very challenged services, for example, the impact of additional recruitment activity by NHS organisations on nurse capacity in nursing homes.

h) Taking a more concerted and consistent approach to population stratification and using the knowledge we have about who is most vulnerable to unplanned hospitalisation to focus on admission avoidance and to support organisational and system level capacity planning across hospital, primary, community and social care.

i) We need to develop Kirklees wide mechanisms for getting feedback and ideas about additional contributions from across the system. Whilst there are very robust mechanisms for getting feedback and planning action from the hospital-based parts of the system this is not complimented by feedback from the non-acute parts of the systems, especially primary care and social care.

j) We can lose the patients voice in the pressures of winter – despite the best efforts of staff we became very focused on transactional relationships. Nor is there a routine mechanism for gathering user/patient views of the system response during winter.

k) During the most pressurised periods all parts of the system find it difficult to keep the focus that they would like to on being user/patient and carer centred. At times the focus seemed to be on freeing up beds and rather than improving outcomes for the person.

l) It can be difficult to keep the right focus on self-care and supporting people to maintain their health and independence to avoid/delay the need for hospital admission, or to avoid discharges not being well-planned.

3.2 These lessons were presented to the workshop with interviewees in July. That workshop reflected on these lessons and identified a range of actions that the system could take to improve outcomes. A key message that came out of that workshop was the positive steps that have already been taken over the last few months, the extensive range of new developments that were either already in place or in an advanced stage of planning. These actions are set out in Appendix 1.

4. Next Steps

4.1 Share the lessons learnt with both A&E Delivery Boards.

4.2 Continue to implement and plan that actions set out in Appendix 1 that have already been agreed by partners.

4.3 To develop in more detail proposals in response to the lessons learnt and the new ideas set out in Appendix 1 and seek approval from relevant partners, particularly:

- Reviewing progress and arrangements for achieving the 8 high impact changes for managing transfer of care
- Implementation of hospital 'Moving on' policies
- A coherent system wide approach to population stratification and capacity planning
- A system wide performance dashboard that reflects the range of partners contributions and challenges
- Communications planning for urgent care and periods of system pressure
- Kirklees Council and other partners who work across the district to be conduit of good/bad practice across the system
- Building on the progress already made in embedding positive relationships and mutual understanding across the system**.**

4. Financial or Policy Implications

The review highlighted the need to rebalance efforts across the health and social care system. In recent years the focus has been on the pressure experienced by hospitals over winter, and there has been a particular emphasis on finance and performance against specific hospital focussed metrics. Whilst all those involved in the review recognised the importance of efficient and effective acute care focussing almost exclusively on this part of the system has not resulted in the system wide improvements that are necessary. Improvement activity needs to tackle the 'triple aim' set out in the Five Year Forward View i.e. health and inequality; quality and care; finance and performance, and the contributions and challenges of partners across acute hospitals, primary and community care, mental health, social care and the third sector through the proposed system wide performance dashboard.

5.	**Sign off** Richard Parry, Strategic Director for Adults and Health.
6.	**Recommendations** That the Board: • Comment on the lessons learnt • Note the positive progress in responding to the lessons learnt • Endorse the next steps.
7.	**Contact Officer** Phil Longworth, Health Policy Officer, Kirklees Council phil.longworth@kirklees.gov.uk 01484 221000

[1] CQC Local System Reviews: Interim Report (December 2017) http://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems

[2] Better Care Fund Support Programme/Newton Europe. December 2017 https://www.local.gov.uk/sites/default/files/documents/NEW0164_DTOC_Brochure_Online_Spreads_1.0.pdf

Appendix 1: Proposed actions

	In place	Planning	New idea
Domiciliary Care - work with providers - Quality - Recruitment - Admission avoidance - Timeliness – brokerage role	 ✓ ✓	 ✓ ✓	
Care Homes Early Support Programme (CHESP)	✓		
Trusted assessors	✓		
Bed state tool roll out	✓		
Red bag scheme	✓		
Admission avoidance		✓	
Links to Primary Care Home			✓
Carers - review of support arrangements		✓	
Admission avoidance - risk stratification including 3rd sector, Multi-disciplinary team and DTs, Primary Care Networks - Shared records and IT - Integrated Pathways for community services		 ✓ ✓ ✓	
Choice - implement moving on policy - use joint training to embed consistent approach - managing expectations in both the acute and community – whole system to manage		✓	 ✓ ✓
'Choice & recovery' beds		✓	
Capacity planning - at org level - season level - intermediate care - at system level via OPEL		 ✓ ✓ ✓	 ✓
Virtual community frailty ward (North Kirklees)		✓	
Myth Busting e.g. KICES			✓
Joint intermediate care/reablement pathway including pilot in south as enhanced reablement		✓	
Transport – review of arrangements		✓	
System level performance reports		✓	
Understanding temporary registration of residents			✓
Review progress and arrangements for achieving the 8 high impact changes			✓
Clarify who is taking forward actions that have already been identified (e.g. access to 4x4s)			✓
Kirklees Council and other partners who work across the district to be conduit of good/bad practice across MYHT & CHFT			✓
Communications plan for urgent care			✓
Start silver face to face now to build relationships (fortnightly)			✓
Pre book calls at key pressure points e.g. post bank holidays			✓