Name of meeting: **Health and Adult Social Care Scrutiny Panel**

Date: **Tuesday 15th October 2019**

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 work that is being done across the Kirklees Health and Social Care System to prepare for the winter period 2019/20
- Details of the proposed actions and plans to prepare for the coming winter period.

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 – N/A N/A
Cabinet member portfolio	

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 plans are to:

- To continue to provide high quality health and social care to the communities of Calderdale and Kirklees.
- To ensure that patients receive treatment in the most appropriate environment at the time most beneficial to their needs
- To work collaboratively with other health and social care providers to effectively manage capacity
- To assess risks to continued service provision and put plans in place to mitigate those risks
- To put in place a communications strategy that assists the public in gaining access to appropriate health and social care services.
- To ensure optimum occupancy and staffing levels over the winter period to minimise the risk of harm
- To ensure patients do not wait in any part of the system unless clinically appropriate
- To ensure learning from Winter 2018/19 is incorporated into 2019/20 Winter Plan.

These will be achieved through Command, control and co-ordination within CHFT and reported through NHSE sitreps and the Winter room. As in previous winter planning the National Escalation Framework will be utilised and the ECS monitored alongside the use of OPEL triggers throughout the system and specific focus around, workforce, strengthened operational management, focus on SAFER and reducing delays, divisional winter plans and the usual EPRR around pandemic flu, EU Exit, Extreme Weather and critical incident plans to ensure Business as Usual is maintained throughout the period.

The Calderdale and Huddersfield Foundation Trust Plan is attached as Appendix 1

The Calderdale and Greater Huddersfield System Winter Plan 2019/20 is attached as Appendix 2.

1.3. **Mid Yorkshire**

1.3.1 In relation to the Mid Yorkshire Acute Urgent Care system, the focus of the winter plans are to:

- Establish what system providers have in place for the winter of 2019/20 in order to mitigate the risks and challenges the winter season can bring.

This Plan is intended to be simple and ‘winter specific’; in addition to all year round transformation plans and to extend over and above business as usual therefore formed with a ‘risk based’ approach.

The outcome of the Plan is to ensure patients and service users have a positive experience of care over the winter period.

In the Mid Yorkshire system plan the providers are focussing on integrated working, supporting early discharge and reducing the number of long stay and delayed transfers of care. This is enabled with the introduction of a complex integrated discharge team originating within the Trust and supporting seamless transfers into

community services. In addition, more integrated working with care homes to reduce length of stay and timely supported transfers.

There is focus on preventing attendance at A/E by promoting self-care, access to out of hour's primary care and with Public Health initiatives such as telecare, heating initiatives and flu vaccines to prevent the need for urgent heath care services. This will be supported by a significant communications campaign, trialling methods that have not been used in recent years.

Improved pathways directly on to wards for frailty and integrated teams at the A/E front door aim to reduce pressure in the emergency department.
New initiatives have been introduced onto wards to prevent unnecessary delays once discharge has been agreed, supported with specific roles to manage complex issues in order to reduce the length of stay for patients in hospital who are approaching medical optimisation.

Resources to fund additional capacity both within the acute trust and winter beds in community will reduce the pressure on the system over the winter period.

The Mid Yorkshire Hospital Trust Winter Plan is attached as Appendix 3

The Mid Yorkshire draft System Winter Plan 2019/20 is attached as Appendix 4

1.4 **Locala**

The work that is being done across the Kirklees Health and Social Care system to prepare for the winter period 2019/20

1.4.1 Winter funding

Proposals have been submitted to the West Yorkshire and Harrogate Integrated Care System through the CHFT and MYHT A&E Boards. Any winter pressure support that requires staffing creates difficulties in relation to recruitment. The short term funding is crucial in creating additional capacity to respond quickly in winter.

To mitigate the issue Locala will have a clear picture of critical services within Locala and an understanding of services that can be delayed for short periods of time in order to release capacity to support any sudden spikes in activity

1.4.2 Bank Holidays.

To mitigate increased activity Locala will ensure 7 day access to community beds and appropriate staffing in all critical services during the bank holiday periods. These numbers will be based on previous year's activity within each of the services involved.

1.4.3 Multi-Agency Discharge Events (MADE).

Locala participates in specific system wide events with both acute trusts and system partners to avoid delays to discharges when patients are medically optimised to go home. These are focused on rapid changes to pathways and solutions for individual patients to enable them to return home or another setting such as an Intermediate Care bed, recovery bed or care home.

1.4.4 Community bed capacity.

Locala have undertaken a review of its community bed provision with partner organisations. In winter 2018/19 Locala delivered capacity across the winter months due to reduced length of stay in intermediate care beds and matron input into the acute setting, supporting discharges directly home for patients, as an alternative to a community bed stay.

1.4.5 Kirklees Independent Living Team

To ensure this capacity for winter 2019 / 20 Locala are developing the Kirklees Independent Living Team (KILT) triage service in partnership with Kirklees Council which will consider all alternative pathways to a community bed with home first as the primary aim.

1.4.6 Operating Pressure Escalation Level (OPEL) plans.

Each service within Locala has a business continuity plan which includes an escalation process for OPEL 2 and above. If critical service provision is effected (OPEL 3) senior managers will support via an internal silver command call, escalating to partner organisations if required. All OPEL points have a series of actions that will be implemented as part of the business continuity process.

1.4.7 Lessons learned from winter period 2018/19**:**

Community matron input into both acute trusts was a very effective way of managing the community beds pathway and Locala.

The Locala Short Term Assessment Response Team (START) is working with YAS to create alternative pathways for patients in the community to transportation to hospital.

Patient transfer between sites in the acute setting can lead to longer lengths of stay. We will work with partners to minimise this.

Additional resources in medicines optimisation and podiatry services to support community nursing now in place permanently – LTC annual reviews and below ankle wounds

Releasing matrons to support discharges helps support patient flow in to the community as their knowledge of community services is greater than ward-based staff

1.4.8 Overview of the preventative work to support elderly and vulnerable residents:

Close working relationships are in place with the frailty teams in both acute hospitals to ensure that vulnerable people are identified early and offered appropriate support to stay well at home

Locala has an internal frailty group that is working to identify and manage patients known to Locala services who may be at risk in winter due to frailty.

Locala is working with the Locala Authority Mobile Response unit to identify vulnerable people as risk of harm due to falls and ensure they receive appropriate assessments and support to reduce their risk of coming to harm due to a fall.

Locala is working with Age UK, Kirkwood Hospice, Carers Count and Huddersfield Town Football Club on a number of initiatives to promote healthy ageing and address isolation and loneliness.

Locala has developed a comprehensive Multi-Disciplinary team process to work with Primary Care Networks (PCN), social care, mental health and third sector organisations on a locality basis to identify vulnerable people as early as possible and ensure they have the right support in the community. The KILT element of this is being piloted in the run up to winter with the Valleys PCN

The Locala Winter Plan 2019/20 is attached as Appendix 5.

1.5 Kirklees Council

The work that is being done across the Kirklees Health and Social Care system to prepare for the winter period 2019/20

The Council drew up a winter plan for 2018/19 to support key elements of the health and social care system, to increase capacity and resilience, and to facilitate greater flow through key pathways, covering the areas listed below. The plan has been updated based on the learning from last winter and including proposals for 2019/20. The approach is to implement new initiatives in time to support winter pressures. Evaluations of initiatives that identify improvements to flow and user outcomes will seek to be sustained to support the system.

1.5.1 Residential Care

- Increased capacity through additional places utilising winter funding.
- Actions to improve the capability of residential care to facilitate admissions include utilising; Trusted Assessors, the bed state tool (used to track capacity), the Red Bag Scheme, improving clinical input, and providing improved support to care homes at risk of failure.
- Last winter a new approach was trialled involving block booking Choice and Recovery beds to support individual choice. These were not fully used and in response the approach has been retained with a spot purchase arrangement.

1.5.2 Home Care

Since last winter, there has continued to be a reduction in the number of home care hours delivered to support people in their own homes. Some of this is in response to the strength based approaches that seek to promote personal independence.

However, there is undoubtedly an issue with provider capacity that evidences difficulties with recruitment and retention of front line care workers. In response, we have adopted a partnership approach with providers through a number of workshops to better understand the situation.

This has also enabled a move away from time and task based care delivery and towards a focus on achieving personalised outcomes and empowering individuals to have more flexibility over how their care is delivered. This has resulted in a number of pilots to trial new ways of working such as letting providers lead on developing support plans and undertaking reviews

In addition:

- We have extended the hospital retainer payment to 7 days when a person is in hospital.
- We have significantly uplifted the hourly payments to providers (from 07/10/19) with the clear expectation that this will be used to improve the terms and conditions of front line workers.
- We are continuing to work in partnership with providers to address some of the other market issues identified:
- We have been successful in obtaining support from our regional workforce group. The money that we have been allocated will be used to encourage pupils in schools and colleges to aspire to work in care as well as raising the profile of care workers more generally, including career progression work.
- We will also work with providers to facilitate other positive market developments including working more closely with NHS colleagues, CQC colleagues and social work teams.
- We will continue with the IN2Care recruitment support for providers, which has a positive impact utilising social media.
- We will also continue the conversations to improve links with Community Plus colleagues and enable Assistive Technology solutions which will empower service users and allow for more flexible packages of care.

1.5.2 Intermediate Care and Reablement.

We are working with Locala to develop a new model of integrated intermediate care and reablement to establish the Kirklees Independent Living Team (KILT). Key work streams to support system flow and to avoid unnecessary admissions include:

- Creating capacity in the Short Term and Urgent Support Team for 500 hours (or 60% of the current waiting list). This will have the effect of protecting capacity in reablement. This will be funded through transferring resources from the Independent sector homecare budget and reductions in transitional placements
- Development of an integrated Triage Team co- located within the hospital settings as a single access point for all intermediate care/reablement services (including step-up and step down). The outcome will be that referrals will be matched to the most appropriate pathway to maximise safety and independence and will prevent practitioners having to navigate multiple services.
- Development of extra ‘home first’ capacity in the discharge to assess and admission avoidance functions. A Business Case is to be presented to the Integrated Commissioning Board on 3/10/19.
- Occupational Therapists to work with the Mobile Response service to identify and respond to those identified as at risk of falls.
- Staffing capacity within reablement is being addressed through a review of rota patterns.

1.5.3 Hospital Social Work Team Capacity

Investment in the skill mix and capacity for assessment in hospital teams over winter through Care Navigators working in hospital settings.

1.5.4 Lessons learned from winter period 2018/19:

- Choice and Recovery Beds purchased across 3 private care homes in both North and South Kirklees and some in Council run EMI care homes. The uptake of these was lower than expected due to patient choice vs fixed locations of beds.
- Choice and recovery beds will be spot purchased this year based on demand and capacity and supporting patient choice.
- Kirklees Local Authority improved internal planning to provide a more responsive service, enabling better provision of staff resource at key pressure points.
- Annual Leave, training and non -working days monitored to ensure adequate staff at key times
- Staff are provided with mobile IT equipment enabling them to work from various bases. Staff are able to work flexibly across hospital sites.
- Following difficulties in recruiting to the Trusted Assessor post in MYHT, the Council are exploring alternatives to widen the role and place it in an alternative service.
- Capacity in the home care market which impacts on flow from other services. Intensive work and collaboration with providers to address underlying issues as described in the above section.
- MADE (Multi Agency Discharge Events). This approach has been introduced with positive effect to Intermediate Care bed settings to facilitate flow across the system. Also embedded to address issues of flow across agencies with the effect of reducing the need for silver calls compared to the winter of 17/18. In CHFT this is twice weekly (increased as required) and in MYFT is addressed through the winter room with full participation from adult social care.

1.5.5 An overview of the preventative work to support elderly and vulnerable residents:

- Working with Primary Care Networks to improve collaborative working, with a focus on Frailty and End of Life Care, to better identify and support those most vulnerable.
- Responding to changes in the use of Care phones through the introduction of OTs to review needs as they change.

1.5.6 Steps being taken to ensure there is capacity across the local system to meet the demand

- Working closely with Public Health Infection Control Team to ensure take-up of flu vaccines across social care staff in the Council and Independent Sector
- Increase the hourly rate for domiciliary care to support local providers and help stabilise the market
- Council wide winter preparedness event in October 2019 to ensure effective co-ordination across key Council services

- Surge and Escalation; continue to fully engage with capacity planning as a responsive and supportive system partner as set out in the plan, with a view to ensure staff are clear about expectations and commitments at each OPEL level.

1.5.7 Brexit

- We have undertaken resilience stress tests on supplies for Adult Social Care. The main outcome was menu changes around the lack of provision of fresh foods, including fruit and vegetables; however, supplies for a basic meal could be maintained.
- With supplies of medication, this is primarily within the remit of the NHS who has a distinct work stream in place to address medical supplies. Nonetheless, we are collaborating with Health colleagues to help plan provisions to people who are in the greatest need.
- The impact on the Social Care workforce and service delivery are being carefully monitored and are now a standing item on relevant Council Senior Leadership Teams.
- All providers have received communications regarding EU staff and are supported to register. They are also aware of the need to undertake robust business continuity planning.
- The council has resilience plans in place which identifies vulnerable people and priority access to fuel.

The Council's Winter Plan 19/20 is attached as Appendix 6.

1.6. **SWYPFT**

The Psychiatric Liaison Services based at Huddersfield Royal Infirmary and Dewsbury District hospital will continue to provide 24/7 on site staff as commissioned.

Business continuity plans are in place in all SWYPT teams to ensure cover during adverse weather conditions and during the holiday period. We work closely with colleagues to provide robust discharge support and within one hour response in A&E.

Mental health Intensive Home based treatment teams and adult and older adult acute admission wards will remain in operation 24/7.

A daily 24 hour senior manager on call system operates in the local services.

The SWYPFT Winter Plan is attached as Appendix 7 to this report.

2. NEXT STEPS

Work will take place with partners to:

2.1 Implement and monitor winter plans for 2019/20; 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 KIRKLEES SYSTEM PARTNERS

N/A

5. CABINET PORTFOLIO HOLDER'S RECOMMENDATIONS

N/A

6. CONTACT OFFICERS

Jane Close, Director of Operations, Locala Community Partnerships

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

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

John Keaveny, Deputy Director, Calderdale and Kirklees, SWYPT.

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

Bev Walker, Deputy Chief Operating Officer/Director of the Community Healthcare Division, Calderdale and Huddersfield Foundation Trust

7. BACKGROUND PAPERS

Appendices to this report:

1. Calderdale and Huddersfield Foundation Trust Winter Plan
2. Calderdale and Greater Huddersfield System Plan (draft)
3. Mid Yorkshire Hospital Trust Winter Plan
4. Mid Yorkshire System Winter Plan (Draft)
5. Locala Winter Plan
6. Kirklees Council Winter Plan
7. SWYPFT Winter Plan (draft)

8. COUNCIL SERVICE DIRECTOR RESPONSIBLE

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