COMMITTEES IN COMMON

12 September 2023

Open Report	For Information Key Decision: No		
Wards Affected: ALL			
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Lead Officer: Sharon Morrow, Director of Pa Dagenham	rtnership, Impact and Delivery Barking and		
Summary			
This brief paper outlines the national requirements in respect of winter planning and plans underway to prepare for winter across the Barking and Dagenham partnership. Winter planning is underpinned by the partnership Barking and Dagenham, Havering and Redbridge (BHR) Places Urgent and Emergency Care (UEC) Improvement Plan, which was developed to respond to ongoing demand pressures for urgent and emergency care services.			
The Place winter plan focuses on three core a discharge support. Priorities and key actions workshop and will be developed further throu Groups.	have been developed through a partnership		
A winter resilience campaign is planned to he access services and support people to stay w some additional funding through the	•		
The winter plan will be a live document led ac refined in line with the changing position over responsive and dynamic.			
Recommendations The Committees in Common are asked to: • Discuss the draft winter plan and eme	rging priorities estment plan port the winter resilience campaign for		

incomes. Workforce challenges are evident across the system, with further industrial action expected in the NHS.

With effective, system wide planning and collaboration we are well placed to ensure effective services and support for our residents.

1. Introduction and Background

- 1.1 This paper is to update the Committees in Common on winter planning preparation for 2023/24 and the emerging priorities for the place partnership.
- 1.2 The Committees received a report at the June meeting on Improving Urgent and Emergency Care (UEC) across Barking and Dagenham, Havering and Redbridge. This noted the unprecedented and ongoing demand in urgent and emergency care since the Covid-19 pandemic and updated on the development of a partnership BHR Places UEC Improvement Plan that draws together all the actions planned and underway to improve our system locally.
- 1.3 On 27 July 2023, NHS England published guidance on Delivering Operational Resilience across the NHS this Winter, linked to the National Urgent and Emergency Care Recovery plan and in recognition of the challenges in the winter of 2022/23. The guidance confirms the national approach to 2023/24 winter planning and key steps across all systems to meet the winter challenges, along with the Primary Care Recovery Plan, Elective Recovery Plan, and broader strategic and operational plans and priorities for the NHS.
- 1.4 There are four focus areas for the winter operating plan:
 - Continue to deliver on the UEC Recovery Plan by ensuring high impact interventions are in place
 - Complete operational and surge planning
 - ICBs should ensure effective working across all parts of the system (all partners and the voluntary care sector)
 - Support our workforce to deliver over winter encompassing a systematic focus on the NHS people promise and NHS Long Term Workforce Plan
- 1.5 The two key measures identified as related to the winter plan are:
 - 76% of patients admitted, transferred or discharged within 4 hours by March 2024 with further improvement in 2024/25
 - Ambulance response time for category 2 incidents to 30 minutes average over 2023/24 with further improvements in 2024/25.

In addition, the plan focuses on the delivery of the High Impact Interventions (HII) as part of the winter plan, designated inputs and actions through system partnership.

2.0 NEL system roles and responsibilities

2.1 The national guidance set out that Integrated Care Boards (ICBs) will lead on the development of a winter operating plan, supported and developed in partnerships through placed based plans, health and social care partners and collaboratives.

2.2 Acute and Specialist trusts will lead on the following High Intensity Interventions (HII) through the Acute Provider Collaborative:

1.	Same day emergency care	Reducing variation in SDEC provision by operating a variety of SDEC services for at least 12 hours per day, 7 days per week
2.	Frailty	Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission
3.	Inpatient flow and length of stay (acute)	Reducing variation in inpatient care and length of stay for key pathways/conditions/cohorts by implementing in- hospital efficiencies and bringing forward discharge processes for pathway 0 patients
4.	Community bed productivity and flow	Reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.

2.3 The ICB will lead on the following High Impact Interventions (HII).

5.	Care transfer hubs	Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed
6.	Intermediate care demand and capacity	Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	Virtual wards	Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital, and improve discharge
8.	Urgent community response	Increasing volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission
9.	Single point of access	Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10.	Acute respiratory infection hubs	Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures

The ICB actions will be led via the Place Based Partnerships to be amalgamated into the NEL Plan.

- 2.4 There are defined responsibilities and roles for partners in developing collaboratively the winter operating plan. These include
 - Primary Care
 - Children and young people
 - Community trust and Integrated care providers (HII 4-6)

- Ambulance trusts
- Mental health providers (HII 3,4 and 9)
- Local authorities / Social Care
- 2.5 The BHR Places Urgent and Emergency Care Improvement Board is co-ordinating the Barking and Dagenham, Havering and Redbridge system contribution to the ICB winter operational plan.

3.0 Aims and Objectives

- 3.1 The objective is to ensure that residents are able to access the care and support they need to keep them well this winter. This means:
 - Helping people stay well, independent and healthy, preventing them needing acute levels of care as far as possible;
 - Ensuring that we are planning for and delivering the capacity we need for those who do need it;
 - Ensuring that people can access the right care at the right time, and which prevents them from becoming more unwell whilst they are waiting;
 - When a resident has been admitted to hospital, ensuring that we have the right plans and support in place that they can move to a less acute setting and regain their independence as quickly as possible.

4.0 Draft winter plan

- 4.1 Winter planning is at the development stage across the system and places and the acute provider collaborative are in the process of mapping their collective activities and engaging on new plans for winter.
- 4.2 The Barking and Dagenham Adults Delivery Group held a workshop on 9th August 2023 to discuss opportunities to strengthen the partnership response to winter resilience. The workshop focused on the areas of Right Care First Time, prevention, proactive care and discharge support. Some key themes that came out of the discussion included:
 - Improving the communication channels between providers strengthening and improving access to a directory of services that enabled practitioners to refer to the full range of out of hospital services
 - Education and better communication with our residents so they know how to access local community services and care for themselves and their families
 - Early preparation and taking a more proactive approach to planning engage with resident well ahead of winter sot that they feel that they have a stake in what is being offered
 - Development of a robust response for people presenting with mental health conditions in the community

- Optimising current services and pathways e.g. integrated case management, voluntary sector support post discharge
- Improving the discharge process better understand the reasons for delays for B&D residents and support early discharge planning
- 4.3 Priority areas for some specific partnership work are outlined in Attachment 1 alongside a first draft of initiatives that have been identified to support winter resilience. It is anticipated that the schemes and governance for the local plan will be developed further through the Adults Delivery Group and Children's Best Chance Group and Health Protection Board. System wide initiatives will be overseen by the BHR Places Urgent and Emergency Care Improvement Board.
- 4.4 The ICB winter resilience campaign aims to help people better understand how to access services, working with borough partnerships to pilot new approaches and deliver targeted outreach to help vulnerable groups stay well over winter. An overview of the campaign is provided in Attachment 1.

5.0 Community capacity

- 5.1 There has been additional investment committed this year in primary care, community, local authority and voluntary sector services to enhance capacity which will support resilience over winter:
 - Demand and capacity funding has been allocated to enhance capacity in community, voluntary and social care services over winter (Attachment 1)
 - Adult Social Care funding of £2391K has been pooled in the Better Care Fund budget. This is supporting
 - Phase 2 of our reablement pilot to support discharge to the community and prevent re-admission
 - Capacity and support for complex discharges, including Mental Health and homeless step down beds
 - Unfunded homecare and crisis intervention packages
 - Unfunded residential, nursing and supported living placements
 - Workforce initiatives to support market challenges
 - NHS NEL is investing in primary care to extend standard primary care provision, provide easier access to primary care clinical support prior to A&E and support better planned care. This service will provide urgent primary care services between 6.30 pm to 8pm Monday to Friday and 10am to 8pm weekends and Bank holidays. This maintains the activity provided through the GP hubs and provides additional access sites.
 - LBBD are proposing to fund a 12-month programme of monthly health and wellbeing pop up support at community hubs partnered with the local GP/PCN
 - NHS NEL are progressing a business case to fund a pharmacy minor ailment scheme service.
 - The partnership is supporting a number of schemes to support a reduction in health inequalities

6. Finance

- 6.1 Nationally, funding has been identified to support the winter resilience plans:
 - 1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
 - £250 million worth of capital investment to deliver additional capacity.
 - £200 million for ambulance services to increase the number of ambulance hours on the road.
 - Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.
- 6.2 Across North East London ICS:
 - Discharge funding has been allocated via Councils and the ICB to Better Care Funds in line with guidance. The Barking and Dagenham share of the allocation is outlined in Appendix 1.
 - North East London has been allocated approximately £6m investment split across capital and revenue to deliver additional capacity
 - It is not yet clear how the £200 million for ambulance services to increase the number of ambulance hours on the road will be distributed
 - The capital incentive scheme depends on achievement of targets as noted elsewhere
- 6.3 Currently no further Winter Funding has been announced however the intention is to develop a list of potential schemes which the partnership has agreed in advance with a clear understanding of impact. Any new Winter Schemes will need to be linked to showing a reduction in hospital attendances, hospital admissions or reduction in length of stay.

7. Risks and mitigations

- 7.1 The system is already under significant pressure with high levels of demand touching all partners. A number of residents are living with increasing acuity and complexity of conditions which require highly specialised responses for both long term and urgent presentations. There is a need to ensure a dual focus on community and urgent care provision and to retain a focus on system working at all levels.
- 7.2 The cost-of-living crisis is hitting residents hard and there is a risk that this could further increase heath inequalities across the borough and impact on health outcomes. The partnership has invested in a number of schemes to reduce health inequalities.
- 7.3 Ongoing industrial action over the winter months will impact on elective care and waiting lists which may increase the demand and

List of Appendices:

Appendix 1 - Barking and Dagenham Place Based Partnership 2023/2024 Winter Plan (Draft v 1)

Appendix 2 – Barking Havering and Redbridge Urgent and Emergency Care Improvement Plan