

Committees in Common of ICB Sub-Committee and Health and Wellbeing Board

16 January 2024

Title of report	Barking and Dagenham Winter Planning Update
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Wards affected	All
Key Decision	No
Executive summary	<p>The report details progress made in the mobilisation of the Barking and Dagenham Place Winter Plan, at the midway point in the winter period. The report also includes an overview of key performance metrics during the winter period, which shows that despite a difficult and pressured winter performance has been strong with an improvement in access targets in urgent and emergency care across hospital sites and community urgent treatment centres. There have also been improvements in ambulance handover waits at hospital sites, although the system recognises that there is further transformation required.</p> <p>Implementation of the winter plan has gone well with the majority of actions on course or completed, in particular support on the respiratory pathways have seen dedicated support to children and young people who asthma and the commissioning of the Respiratory Hubs starting week commencing 8th January 2024.</p> <p>The winter communication plan has gone live, through a range of mediums and targeted campaigns to particular communities.</p>
Action / recommendation	The Board/Committee is asked to discuss and note the contents of this report
Reasons	Not applicable
Previous reporting	An earlier version of the report was discussed at the Barking and Dagenham Executive Group.
Next steps/ onward reporting	Not applicable
Conflicts of interest	None as no decisions are required.

Strategic fit	<ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	The report detailed progress made on implementing the Barking and Dagenham Winter Plan, this includes detailing the actions and support provided to residents.
Impact on finance, performance and quality	<p>There are no financial decisions required in the report.</p> <p>The report details highlighted performance of emergency care system over winter.</p>

1.0 Introduction/ Context/ Background/ Purpose of the report

1.1 In September 2023 the Barking and Dagenham Committees in Common approved the Barking and Dagenham Place Winter Plan for 2023/24. This paper details progress made in implementing the plan, highlighting any changes since the plan was approved and detailing any new risks. The plan identified three priority groups to focus:

- Children (0-4) and families
- People with respiratory disease (adults and children)
- People with multi-morbidities accessing integrated case management

Alongside the three priority groups we have also launched the NEL Winter Communication Plan.

1.2 The aim of the winter plan is to support residents and staff during the winter period through agreeing the actions that are taken to retain resilience and accommodate surges in activity above anticipated winter pressures.

1.3 A further impact during this winter has been the series of industrial action, which have resulted in increased pressures on the system to ensure resident care and support during these times. Including industrial actions on the 2nd to 5th October, 20th to 23rd December and 3rd to 9th January.

1.4 The committee asked to discuss and note the contents of this report.

2.0 Performance

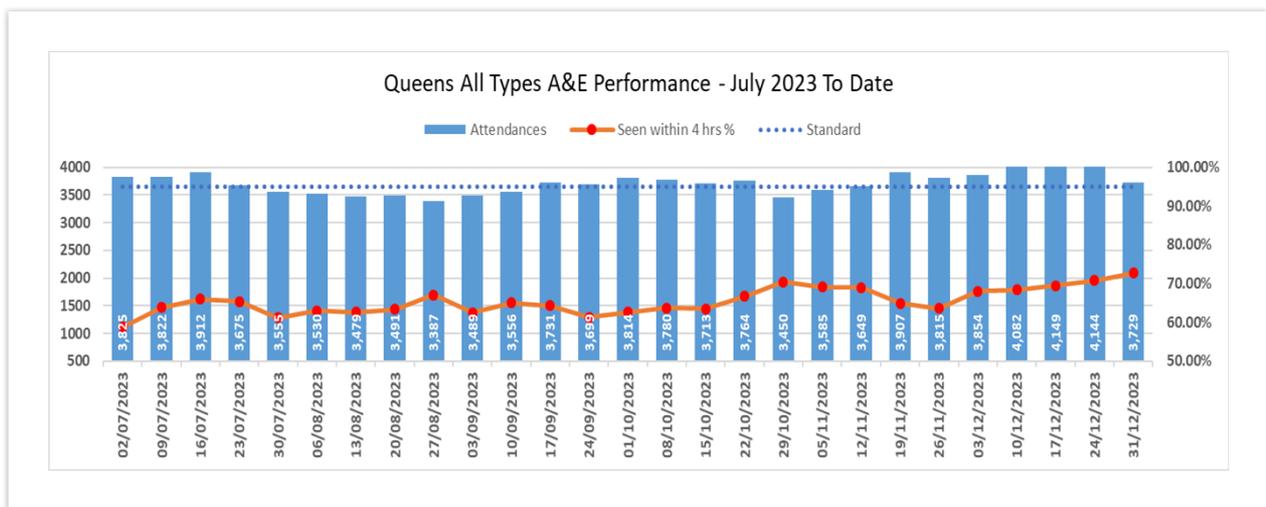
2.1 Barking and Dagenham residents access urgent and emergency services in a range of locations within North East London. The main acute hospitals are Queens Hospital, King Georges Hospital and Newham University Hospital, with Urgent Treatment Centres at all three sites and the Barking Hospital site.

2.2 This paper will detail the performance for the above services using the nationally set standards for urgent and emergency care. Please note that the national commitment is for 95% of attendances to be seen within 4 hours at an attendance

to an emergency department, as part of COVID recovery the NHS Operating Plan has made the requirement for emergency departments to deliver 76% of attendees seen within 4 hours of arrival, this is across all types of attendances and would include the Emergency Department and the Urgent Treatment Centre. The graphs in this pack monitor against the 95% standard.

2.3 Queens Hospital

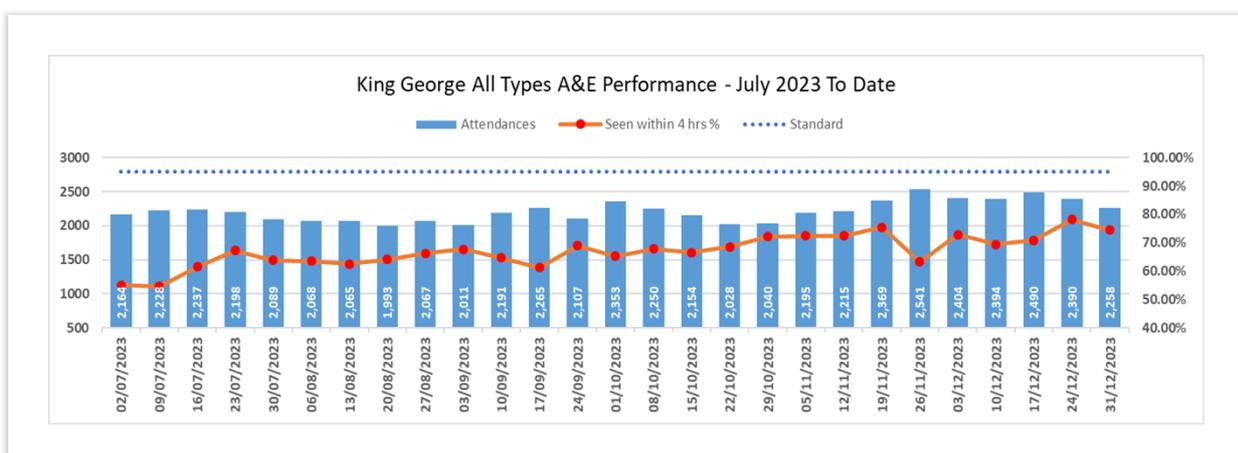
Performance at Queens Hospital has improved in December 2023 with an average of 70.55% of people seen within 4 hours, which is a significant improvement on the same time last year, this is against an increase in attendances during the winter period.



Queens	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD for completed months
2023/24 Monthly Actual Performance %	61.25%	62.98%	61.03%	63.91%	63.98%	63.23%	66.26%	65.99%	70.55%				64.38%
2022/23 Monthly Actual Performance %	59.56%	58.98%	58.79%	59.75%	58.31%	61.03%	60.20%	57.57%	54.82%	60.16%	54.75%	57.52%	58.43%

2.4 King George Hospital

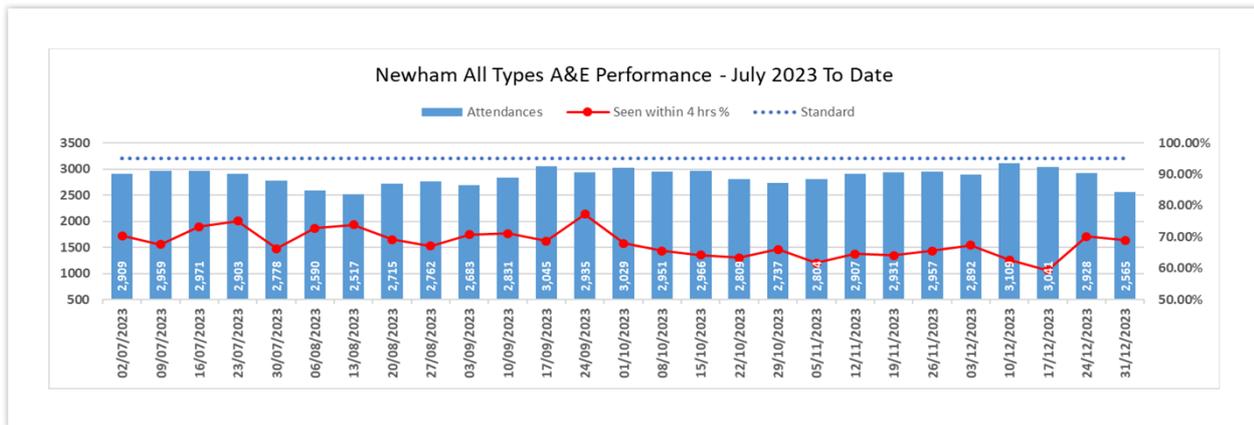
Performance at King George Hospital has also improved in winter with 72.72% of patient seen within 4 hours, this is also a significant improvement on this time last year, and is the highest performance in the last two financial years.



King George	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD for completed months
2023/24 Monthly Actual Performance %	58.14%	50.43%	55.00%	61.74%	64.45%	65.40%	68.78%	71.43%	72.72%				63.16%
2022/23 Monthly Actual Performance %	57.23%	57.95%	55.74%	55.26%	59.18%	55.88%	53.71%	54.59%	51.88%	55.62%	55.73%	53.90%	55.47%

2.5 Newham University Hospital

Performance at Newham University Hospital has slightly deteriorated in December 2023- however has improved on this time last year.

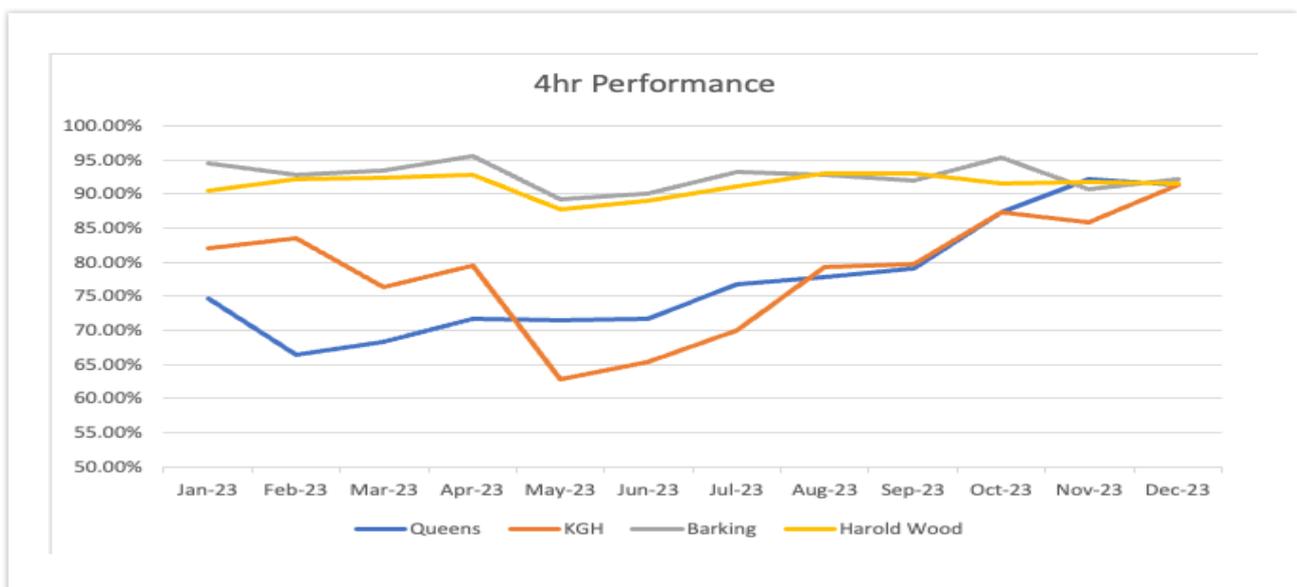
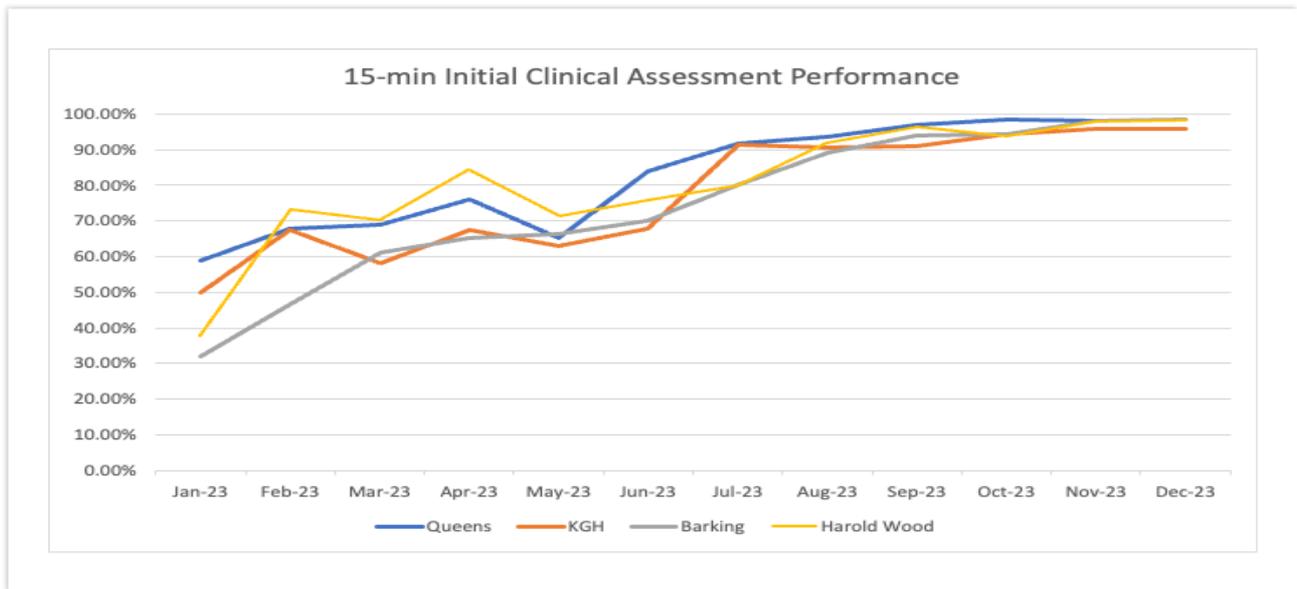


Newham	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD for completed months
2023/24 Monthly Actual Performance %	75.62%	68.75%	70.73%	70.53%	70.27%	71.63%	64.57%	64.38%	65.64%				69.06%
2022/23 Monthly Actual Performance %	70.80%	70.26%	70.56%	71.79%	70.54%	71.26%	67.85%	64.35%	59.89%	70.89%	66.27%	70.91%	68.70%

2.6 Barking Hospital Urgent Treatment Centre and wider Urgent Treatment Centre

Urgent Treatment Centres are required to meet the same performance standards as Emergency Department, due to the lower level of complexity to emergency departments there is an expectation that 95% of patients are seen within 4 hours. In Barking and Dagenham, Havering and Redbridge Urgent Treatment Centres are provided by PELC.

There has been a significant improvement in performance across the urgent treatment centres, including at Barking Hospital. Over 90% of patients attending have an initial clinical assessment within 15 minutes of arrival. There has also been a significant improvement in the 4-hour performance in particular at the Queens and KGH sites, as the urgent treatment centres are collocated with the emergency department at the two sites the performance is also reflected in the site performance detailed above.



3.0 Ambulance Performance during Winter

3.1 Priorities for our residents and patients

National Plan - In 2022/23, the national recovery plan identifies that more than 4000 hours per day were lost nationally to handover delays during the winter period. Contribution in longer handovers included A&E waiting times in addition to staff sickness and wellbeing and patient complexity for the crew's work resulting in longer response times.

In addition to additional beds (5000 nationally) and managing sickness, 800 new ambulances were planned for commission, 100 mental health vehicles with support in specific areas including mental health crisis plans. Integrated Care Systems to identify rapid access to clinical advice and services, including a single point of access, simple route for referrals to hospital, clinical assessment in every ambulance centre. This to enable patients are referred to the right service first time including A&E departments, same day emergency care facilities, urgent care

response, urgent treatment centres, General practitioners, pharmacists and virtual care.

3.2 Ambulance Constitution- Response Times

There are national targets to ensure responsiveness for patients awaiting ambulance care which are separated into designated categories;

- **Category one:** for life-threatening injuries and illnesses, specifically cardiac arrest. These will need to be responded to in an average time of seven minutes.
- **Category two:** for emergency calls, such as stroke patients. These will need to be responded to in an average time of 30 minutes.
- **Category three:** for urgent calls such as abdominal pains, and which will include patients to be treated in their own home. These will be responded to at least nine out of 10 times within 120 minutes.
- **Category four:** less urgent calls such as diarrhoea and vomiting and back pain. Some of these patients will be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least nine out of 10 times within 180 minutes.
- HCP/IFT – Health Care Practitioner request or inter facility transfer

National Recovery and Winter Plan priorities

- Category 2 call response to our residents and patients is an average of **43 minutes was reported against 34 minutes in November 2023** London ambulance plan. (National target is to achieve an average of 30 mins across the year).
- Handover of patients between ambulance service and A&E should take place within 15 minutes and no longer than 30 minutes - **In November North East London reported 64.1% handover within 30 mins, with 98.4% patients were handover over within 60 minutes.**
- Validated December data has not been published yet.

3.3 North East London Ambulance Initiatives

- In 2022/23 North East London expanded the Remote Emergency Access Coordination Hub (REACH) system across Barts Health and BHRUT Trusts to seek support in conveying patients to the right place, first time. This resulted in lower conveyances for patients managed through the REACH process, with only 29% subsequently conveyed to hospital as a result of the senior clinical assessment.
- We implemented the W45 system in July 2023 to enable crews to handover patients within 45 minutes, and free crews to care for other calls waiting. We saw an 8% reduction in Category 2 response times during this time, however cat 2 response times are still challenging for London Ambulance.

- We regularly monitor handover performance to achieve national and local standards so as to minimise turnaround times and increase ambulance availability for response. This includes both London Ambulance and East of England services, the latter conveying to Whipps Cross and Queens Hospital.
- London Ambulance service is working with crews to further develop teams structure rotas, productivity and practices in recording handover.
- North East London continue to develop our approach through a clinically led ambulance conveyance group, taking action to improving clinical assessment via 111/999 and access to services such as REACH/Rapid Response/ Same Day Emergency Care /same day access.
- For 2024/25 we will continue to jointly review with trusts and ambulance services our models of care to review and build on our REACH model and other services.

4.0 Progress of agreed actions

4.1 Actions within the winter plan cover from October 2023 through to March 2024, not all aspects were to take place from the start date and some areas have actions taking place during the start of 2024.

4.2 Children and Young People

The aim of the children and young people section of the winter plan was to prevent unnecessary attendances and/or admissions to hospital through taking a proactive approach. There are no risks identified within the delivery of the children and young people actions with all being on course. The key highlights are:

- Optimise uptake of the MMR and flu vaccines
 - A dedicated Task and Finish group was put in place, chaired by the Director of Public Health
 - Increased the number of vaccination clinics to four in Barking and Dagenham
 - Vaccination UK are targeting “missing” children and young people from the list.
- Asthma and allergy friendly school co-ordinator funded jointly by the ICB and Local Authority
- The Children and Young People Hospital at Home service is due to launch in January 2024. The service is comprised of medical and nursing staff which support individuals in their own home who would normally be in a hospital bed.

4.3 People with respiratory disease (adults and children)

The aim of the respiratory disease winter actions was to take a proactive primary and community service approach to identifying and supporting residents who are at high risks of exasperation of their condition during winter.

- Children and Young People
 - The CYP Asthma nurses have been working with practices to identify patients through utilising data on admissions that are coming from acute

hospitals and cross referencing with practices. The clinical team contact patients identified and undertake a review of their asthma care plan. The programme also includes an element of education to ensure sustained post Asthma Team intervention.

- Work is also ongoing with Together First CIC to ensure all admission data is triangulated and vulnerable children are targeted.
- Adults
 - A review of various data sources is currently being undertaken, similar to children and young people actions, to identify adults that would benefit from an enhanced review of their care and treatment plan. The data is being reviewed and managed through joint working between Together First and NELFT Community Respiratory Team.
 - A programme of work is ongoing between the ICB Medicines Management Team and Together First CIC to ensure that appropriate residents have rescue packs, reducing inappropriate issuance and appropriate residents have the packs, this is being achieved through using validated data and linking with community teams.
- Respiratory Hubs
 - A key pillar of the Barking and Dagenham Winter Plan has been the need for Community Respiratory Hubs, to support residents who need urgent access to care and treatment but don't need to attend an emergency care setting.
 - NHS England's National Winter Plan detailed the requirement for systems to have respiratory hubs in place during the winter period. In 2022/23 these were funded by NHS England however this year national funding was not available. The Barking and Dagenham Partnership identified funding a small underspend in other budgets to enable hub activity to be commissioned between January 2024 to March 2024, the coldest period of the year when exasperations are at their highest.
 - The hubs aim to reduce activity within Urgent Treatment Centre, Emergency Departments and Primary Care. They are bookable by staff in Urgent Treatment Centres, 111 and Primary Care against the criteria.
 - An average of 2,909 appointments over the 3-month period have been made available with the expectation that a minimum of 65% are delivered face to face. The activity has been commissioned via the PCNs, to be delivered as part of the existing Same Day Access Hubs. In Barking and Dagenham, the PCN's subcontract Together First CIC to provide the service.

4.4 People with multi-morbidities accessing integrated case management

The aim of this section of the plan is to support the promotion of Integrated Case Management, ensure that Falls Prevention Service are maximised and pilot new approaches to proactive care.

Integrated Case Management – A review of data, of which practices use the service and identify areas of low utilisation to understand this better was undertaken in addition to a workshop held with one PCN to identify areas for improvement. The workshop also informed the proactive care pilot. During January we are intending to promote the service to practices through education events and a targeted approach to particular practices.

Falls Prevention – In November a small workshop was held with all fall's services in Barking and Dagenham to identify immediate actions we could take to better support our residents who are at risk of falling. The workshop identified that we have a range of services inline with best practice however we have a very reactive model that responds when somebody has fallen, a shift is required to a more proactive prevention model. A wider system workshop is scheduled for the 12th January to develop a new model and approach. In the mean time we have promoted NELFT Falls Service to Primary Care and Care Homes through pre-New Year communications.

Pilot Proactive Care – Post the Integrated Care Management workshop a pilot has been developed with West One PCN, the aim of the pilot is to develop a proactive approach to identify high risk residents and provide individualised care and support through a multi-disciplinary team approach. The pilot was due to go live in late December, however due to pressure in the system has been pushed back to the start of February with a launch workshop taking place in mid-January with all the teams involved.

- 4.5 In addition to the above there have also been key areas, which support the winter plan, that have been agreed which were not included within the original winter plan.

North East London selfcare advice service from community pharmacy for socially vulnerable residents

The Selfcare Advice Service will provide local residents with clinical advice for managing their minor ailments or signpost to other integrated services which form part of the community pharmacy clinical framework e.g. hypertension case-finding, smoking cessation, or pharmacy contraceptive services. It will also provide additional benefit by confirming community pharmacies as accessible clinical services for residents, providing health advice, supporting health promotion and the prevention of ill-health and providing links to other local services including immunisations. Funding has been agreed, launch date to be confirmed which may be after winter.

Barking and Dagenham Reablement Service

As part of the Tier 1 arrangements in North East London Barking and Dagenham were successful in receiving funding to launch and pilot a Reablement Service, support residents being discharged from hospital or requiring support in their own home to maximise their independence and reach goals. The service is currently in the process of mobilising with aspects having gone live in December, with rapid mobilisation.

Respiratory Virtual Ward

A pilot of the Respiratory Virtual Ward has been agreed across BHR boroughs. The intention is for the ward to support people who would normally be in an acute bed but can be managed in the community under the care of a specialist service.

NELFT are leading the service working with partners. Funding has been agreed, initial launch date confirmed for February 2024, however the service has soft launched in December to support in winter through early support discharge for particular patients.

MiDOS

MiDOS is an electronic directory of services, used by Primary Care, London Ambulance, Emergency Departments and 111 to identify health and care services, including the voluntary sector. In preparation to winter a review of the directory for Barking and Dagenham has been undertaken with a complete update to ensure the directory reflects local services.

4.6 Winter Communication Plan

As detailed within the Winter Plan a wide-ranging communication plan, which will be run all year, has been launched to support residents on navigating health and care services. The plan has been developed into three sections:

Campaign strategy for 2023/24

<p>1. Halo campaign running across NEL</p>	<p>Finding the right NHS help "always on" campaign</p> <p>PURPOSE: Building awareness, understanding and confidence in primary care in NEL. Broken down into key themed strands: GP, pharmacy, 111, urgent help, digital access, staggered over 12 months</p> <p>WHO: Digital campaign targeting all key audiences – 18-40, low economic groups, across all boroughs but geography upweight targeting those in close proximity to A&E and particular wards</p> <p>HOW: Paid search and display advertising, paid social advertising, organic social, press, partner channels</p>		
<p>2. Targeted interventions</p>	<p>Parents of young children</p> <p>WHO: Parents with children under 9 across north east London.</p> <p>HOW: Digital advertising targeting parents with child health content. Parent leaflets at key touch points / children's services etc.</p>	<p>Vulnerable groups</p> <p>WHO: Over 65s in areas of high deprivation and demand.</p> <p>HOW: Joint partnership Winter Wellness guide targeting vulnerable demographics. Piloting a mail drop in Havering and B&D to test effectiveness. Booklet will include information on accessing NHS services, vaccinations, warm hubs, cost of living support etc.</p>	<p>Hyper local geo-targeted activity</p> <p>WHO: Targeting GP practices / postcodes / individuals which are driving the most unnecessary attendances.</p> <p>HOW: Winter Wellness events in B&D and Havering, comms at practice level. Local out of home advertising.</p>
<p>3. Responding to local need</p>	<p>Pressure Points</p> <p>Boost halo messages in response to pressure in the system i.e. strikes, A&E closures, OPEL pressures</p> <p>This could be via targeted direct text messaging, boosted social media advertising.</p>		

Update:

- The digital advertising campaign launched 20th November across all boroughs and running for 12 months.
- NHS NEL Communication Team are working with B&D Council on our joint winter wellness guide, which went to every household in December.
- Out of home advertising is now live in B&D across the council's digital screens promoting:
 - Route to urgent help,
 - Urgent GP appointments available 7 day a week,
 - Mental health crisis lines,
 - GP registration.
- Press releases went to all local newspapers promoting access to NHS services out of hours over Christmas period, and encouraging things like stocking up on over the counter medicines and prescriptions.

- Winter Wellness and Guide for Parents flyers distributed at community Antenatal and GP led Pop Up clinics.

5.0 Risks and mitigations

- 5.1 Risks are detailed within the report with ongoing pressure in the system, impacted further by industrial action, however actions detailed within the winter plan have been or in the process of being implemented. There are no specific risks identified with the delivery of the winter plan actions.