HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 13 DECEMBER 2011

ITEM NO. 6

COUNTY DURHAM AND DARLINGTON WINTER SURGE PLANS

SUMMARY REPORT

Purpose of the Report

1. To present to Members the work undertaken to prepare for the winter months in County Durham and Darlington.

Summary

- 2. All NHS and partner organisations have made appropriate preparations for winter. There is an expectation that operationally all agencies are prepared to enable a collaborative approach to any surge in activity, we require the following:
 - (a) Clear lines of accountability and responsibility including command and control
 - (b) Use of the North East escalation plans (NEEP)
 - (c) Rationalisation of points of access for patients
 - (d) Cluster contact arrangements including on-call
 - (e) Arrangements for delivery of care during adverse weather
 - (f) Clear processes for handover of patients from the ambulance service to receiving secondary care or community services
 - (g) Operational readiness bed management, capacity, staffing, elective re-start etc.
 - (h) Robust out of hours arrangements
 - (i) NHS / social care joint arrangements including work with local authorities
 - (j) Clear communication plans integrated with SHA messages.
- 3. In addition all organizations have reviewed their plans to ensure they reflect any NHS structural changes. The plans have been tested at exercise in September to provide sufficient time to update any gaps highlighted.
- 4. Locally NHS County Durham and Darlington are required to provide assurance to the Department of Health via the Strategic Health Authority on the levels of preparedness of all organizations within the cluster area.
- 5. As well as the immediate operational preparedness NHS County Durham and Darlington is also required to report assurance for their flu vaccination campaign confirming that:
 - (a) sufficient vaccine has been ordered by GPs to meet their needs for this coming season.
 - (b) robust plans are in place locally to identify all eligible patients and achieve high vaccination uptake levels, as per national/regional targets (75% for >65s and 60% for <65s at risk and all pregnant women).</p>
 - (c) Local NHS trusts have ambitious flu immunisation programmes for frontline health care workers to significantly improve uptake which will achieve a target of 60% uptake amongst front line clinical staff.

Risks and issues

- 6. The key risks for winter 2011/12 include:
 - (a) Impact of severe weather as predicted by the Met Office
 - (b) Increases in non-elective activity
 - (c) Impact of NHS structural changes and current economic climate
 - (d) Normal seasonal flu or pandemic flu (viral drift, reassortment or mutation)
 - (e) Re-shaping or reduction of capacity secondary to cost and efficiency savings and associated service reconfiguration in health and local authority social care provision
 - (f) Impact of structural changes in the independent care sector
 - (g) Impact of the community integration into acute trust

Update for current situation

- 7. Using the lessons learned from last years experience the following actions are now underway:-
 - (a) Weekly conference calls with all organisations to identify any issues, e.g. bed blocks – coordinated by NHS County Durham and Darlington
 - (b) SHA weekly conference calls for PCT clusters to feedback as a region and highlight if any capacity issues
 - (c) Daily reviews of A&E activity with a focus on any delays resulting in patients waiting on trolleys
 - (d) Regional coordination of critical care capacity to ensure effective use of critical care resources and standardised criteria for admission across all units.
 - (e) Specific communication strategy using a collaborative approach with messages from all organisations (Winter Booklet attached as Appendix 1)
 - (f) Single logistics desk based at North East Ambulance Service to coordinate capacity across all NE acute trusts to ensure surge pressure is more evenly spread across trusts and acute inpatient facilities remain available to patients
- 8. Locally the following actions are in place:-
 - (a) Specific focus locally on delayed transfers of care linking closely with councils, continuing healthcare and intermediate care
 - (b) Agreed handover plans signed off by all organisations in place to coordinate any delays handing patients into acute care
 - (c) Extra and specialised transport provision in place to ensure that access to health care is maintained should bad weather occur

Current situation

- 9. As of week ending 25th November 2011, reports indicate the following:
 - (a) All of organisations are reporting normal activity (white) with no pressures except the acute trust which is reporting slight pressure (Green)
 - (b) Take of flu vaccinations in the community is much improved on last year with around 64% of the over 65 year olds in Darlington having been vaccinated by the end of October.

- (c) Frontline Health Care Workers (HCW) is also much improved with County Durham and Darlington Foundation Trust currently reporting around 40% staff being immunised.
- (d) Levels of flu circulating in the community still remain low at 8.7 per 100,000 (RCGP surveillance).

Recommendation

10. It is recommended that the contents report be noted.

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S17 Crime and Disorder	This report has no implications for Crime &
	Disorder.
Health and Well Being	This report has implications to the address Health
	and Well Being of residents of Darlington, through
	scrutinising the services provided by the NHS
	Trusts.
Carbon Emissions	This report has no implications for Carbon
	Emissions.
Diversity	There are no issues relating to Diversity which this
	report needs to address.
Wards Affected	The impact of the report on any individual Ward is
	considered to be minimal.
Groups Affected	The impact of the report on any Group is considered
	to be minimal.
Budget and Policy Framework	This report does not represent a change to the
	budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report contributes to the delivery of the
	objectives of the Community Strategy in a number
	of ways through the involvement of local elected
	Members contributing to the Healthy Darlington
	Theme Group.
Efficiency	There are no issues relating to Efficiency which this
	report needs to address.