Winter Planning Update

Darlington HWBB 17th March 2023

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Clinical Commissioning Group

Overview

To advise stakeholders of:

- 21/22 Winter Planning including Extremis planning
- Additional support to the system
- What worked well
- Challenges and Risks
- Learning for 22/23

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Winter Planning including Extremis planning

Ahead of 21/22 Winter each ICP was required to make a Winter Planning submission to NHSE/I by the 6th September 2021.

This required systems to provide assurance on plans against the following key headings:

- Front door plans
- Plans for improving flow
- Plans for improving discharges
- Plans for managing for peaks in demand over weekends and bank holidays
- Ambulance service / 111 provider plans
- Pandemic / Outbreak plans / IPC
- Other areas – other areas including Staffing capacity plans and adverse weather plans

These plans were submitted at ICP level but included assurances at Provider level (CDDFT & DBC).

Winter Planning including Extremis planning

Over the 21/22 winter period and in response to the rising system pressures there was a range of additional national guidance, including (but not limited to):

- H2 Planning Guidance
- UEC 10 point plan
- Ambulance Handover requirements

On the 1st November NEY NHSE/I released NEY Winter Operating Model for 2021/22.

This model outlined:

- NHSE/I Regional Operations Hub (ROH) would be stepped up to 7 day working
- Requirement for Provider level 7-day situational reporting (SitRep)
- Escalation Hierarchy with triggers for escalation including:
    1. Ambulance Handover Delays – any handover delay over 2 hours and/or 5 or more ambulance waiting over 1 hour
    2. Trust escalation to OPEL 4
    3. One or more 12hours DTA (trolley breaches)
    4. The decision to cancel or stand down significant levels of elective activity due to operational pressures

Winter Planning including Extremis planning

In response to the rising system pressures, locally across the South ICP we developed an Extremis plan to enhance our current Winter plans.

This sought to bring together partners from across the ICP to work together and develop plans to enhance our response over the winter period.

An Extremis Winter Summit event took place on November 4th and established a number of actions to take forward.

Four working groups were established to scope each of the 4 extremis themes:

1. Maintaining Elective Programmes
2. Decompression of ED & timely handover of Ambulance patients
3. Discharge and onward referral
4. Maintaining Access to Primary Care

This work was clinically led and developed a range of initiatives to support the system.

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Additional support to the system

A number of additional schemes were implemented to support the system over the winter period. These were funded from a range of non-recurring funding sources, including:

- UEC Transformational Funding
- Primary care Winter Access Fund (UTC)
- Acute Capacity Funding
- TIF (Targeted Investment Fund)

Schemes that were funded relevant for Darlington locality were as follows:

- CDDFT - Additional capacity at Darlington UTC
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Rapid assessment and treatment by senior clinician in Ambulance Handover Area
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Home from ED support package
- CDDFT - Emergency Front of House Darlington Memorial Hospital - Avoiding Unnecessary Admissions Overnight
- DBC - Supporting hospital discharge and system flow within adult mental health services

Above only identifies the health funded schemes, system partners have implemented a range of other schemes to support the system.

What worked well

- Improved system relationships developed during Covid that are now embedded in our ways of working. This has allowed us to work at pace like never before.
- The additional monies that have been available across both Health and Social Care have inevitably allowed us to remove some of the barriers.
- Opportunity for us to agree key priorities as a system irrespective of funding positions in the future.
- Collaborative escalation and response processes, daily SURGE calls when required
- Extremis Plan, allowed us to think differently and enhance some areas of 'business as usual'
- Implementation of a Tees Valley wide planning forum enabling the 'joining-up' of opportunities, understanding pressures and responses and better planning how we work together

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Challenges and Risks

- The on-going key risk across all system partners is staffing, with workforce being the limiting factor with most issues across Health and Social Care
- Removal/reduction of non-recurring funding across both Health and Social Care – how do we ensure that service and process changes that support improved outcomes for our population are retained when the additional non-recurrent monies end
- Competing priorities – for example from a health perspective Elective Recovery versus Urgent and Emergency Care, we need to balance the priorities and not create or increase inequalities
- Capacity to deliver services and respond to the demand from our population to access services across both Health and Social Care
- Infection Prevention Control; continuing to evolve in response to the pandemic and further variants
- Further variants or waves of Covid and how we respond to these at both local and national levels

Learning for 22/23

- Build upon and enhance improved system relationships
- Build upon Extremis work to produce a SURGE policy for 22/23 winter planning that covers all system partners including health and social care
- Evaluation of all non recurring schemes will be undertaken in April to understand impact and allow quicker process to implement similar schemes in 22/23 if required
- Development of system dashboard - Single Version of the Truth; enabling all system partners to understand the current position and pressures being managed across the Tees Valley
- Review and Enhancement of OPEL reporting across Health providers, aiding system wide understanding of the steps that will be taken and the support available or required to and from other partners including social care
- Implementation of Urgent Community Response enabling more of our population to receive the healthcare they need in their own homes reducing demand on Urgent and Emergency care services