

From: Matthew Drinkwater, Head of EPRR, NHS England South (South East)

To: Kent Health and Wellbeing Board

Subject: **NHS England South (South East): Preparations for winter 2015/16**

Recommendations

The Health and Wellbeing Board is asked to:

- 1 Note the report
- 2 Comment on the state of winter preparedness in their areas

1.0 Introduction

1.1 Historically the effects of winter have been shown to place additional pressures on health and social care services across Kent and Medway. This is caused by a number of issues including an increase in respiratory illness, increased slips and falls and the impact of seasonal influenza.

1.2 This report provides a briefing to the Kent and Medway Health and Wellbeing Board which describes the actions that are being taken by the health service across Kent and Medway to prepare for winter. The key vehicle for winter planning activities is the four Systems Resilience Groups (Dartford Gravesham and Swanley / Swale Executive Programme Board; East Kent Whole System Performance Delivery Group; West Kent Urgent Care Board; and Medway / Swale Executive Programme Board) of which Kent County Council and Medway Council are core members.

2.0 System Resilience Group Assurance

- 2.1 NHS England expects all Systems Resilience Groups in Kent and Medway to have in place robust plans to deliver the urgent care standards and to ensure that plans are in place to effectively manage winter pressures. Therefore ahead of winter 2015/16 NHS England South (South East) has circulated an assurance toolkit to each Systems Resilience Groups which asks them to provide assurance that they have put in place preparations for the winter period. This includes key actions being taken to improve on last year's plan, delivery of the national eight high impact interventions (see appendix 1), the flu programme for staff and patients and work on Delayed Transfers of Care.

3.0 South Surge Management Framework and Systems Resilience Group Surge Management & Capacity Plans

- 3.1 NHS England has circulated a South Region Surge Management Framework which has been agreed by the South Region Tripartite of NHS England, Monitor and the NHS Trust Development Agency. All Systems Resilience Groups are expected to prepare Surge Management Plans that are aligned to this Framework. NHS England South (South East) has requested that these be tested via exercise ahead of winter.

4. Systems Resilience Groups Surge Capacity Exercises

- 4.1 NHS England South (South East) has written to each Systems Resilience Groups to conduct a Surge Capacity exercise ahead of winter 2015-16. A debrief report from each exercise will be prepared and presented to the Systems Resilience Groups to ensure that lessons identified are learned ahead of winter.

Appendix 1 - Eight High Impact Interventions

1. No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.
2. Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.
3. The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed dispositions can be made.
4. SRGs should ensure that the use of See and Treat in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
5. Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
6. Rapid Assessment and Treat should be in place, to support patients in A&E and Assessment Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
7. Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.
8. Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess

models are in place to reduce the DTOC rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.