

NHS Preparations for winter in Kent 2016/17

1.0 Purpose

This report provides a briefing to the Kent Health Overview and Scrutiny Committee, which describes the actions that are being taken by across the Health and Social Care system to prepare for winter.

2.0 Background

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

The key vehicle for winter Preparedness and Response activities over winter 2016/17 are the Local Accident and Emergency Delivery Boards (LAEDB), which in August 2016 replaced the previously established System Resilience Groups. Kent has four LAEDBs covering the North, East, West and Medway and Swale. Kent County Council is a core member of each of these groups and is represented on them by an Executive Director.

NHS England South (South East) Assurance and Delivery Team has a nominated relationship manager for each CCG and a nominated senior manager who attends each LAEDB. These colleagues work together to ensure that the CCG through the LAEDB is working effectively with their local health and social care providers to manage the delivery of urgent care patient pathways across that health economy.

3.0 A&E Performance: Current Position and Recovery Planning

Currently none of the 4 acute healthcare providers in Kent are meeting the four hour A&E waiting standard, and there are a high level of delayed transfers of care in several Trusts, in particular at the Maidstone and Tunbridge Wells NHS Trust and Medway NHS Foundation Trust.

LAEDBs and individual provider trusts have A&E recovery plans to address these issues, and to implement the five key themes of the national A&E Improvement Plan which are:

1. Emergency Department streaming at the front door

2. Increase in NHS 111 calls transferred to a clinical advisor
3. Implementation of the national Ambulance Response Programme
4. Improved flow
5. Improved discharge processes

Most of the specific initiatives involved are not new; they are based on known good practice that can help improve performance, patient safety and reduce waste, but implementation is at different stages across the country. These include ensuring that acute providers are appropriately linked in with primary care, mental health, community and intermediate care services, social care and independent care sector providers, that there is appropriate access to out of hospital services so that populations are not reliant on A&E, that appropriate discharge arrangements are in place for all patients and there is senior leadership and oversight in place across organisations. This includes an expectation that social care and independent care sector providers are also fully engaged in work to prevent delayed transfers of care (DTOC).

Delayed Transfers of Care can be a result of difficulties placing patients, who are considered by the hospital to be medically fit for discharge (that is patients who no longer require an Acute Hospital bed), back into their homes with appropriate support or into NHS Community or KCC Social Care beds.

4.0 Local Accident and Emergency Delivery Boards' Winter Preparedness and escalation and surge management

NHS England South (South East) set a clear expectation that all Local Accident and Emergency Delivery Boards will have put in place robust winter plans including capacity and surge management plans ahead of winter. There is a national assurance process and arrangements are expected to include collaborative planning with social services and mental health services, comprehensive flu strategy, action plans for adverse weather and processes to manage infection disease outbreaks and mechanisms to flex capacity in the event of surge.

Nationally NHS England has published an Operational Pressures Escalation Levels (OPEL) Framework to ensure consistency in approach, terminology and nomenclature across the country. KCC will notice a move away from the use of the escalation terminology of Green, Amber, Red and Black and the implementation of

Operational Pressure Escalation Level (OPEL) 1-4. Local Capacity and Surge Management plans will reflect the national framework and set out how systems escalate pressures and support each other to continue to deliver urgent and emergency care during times of increased demand.

NHS England South (South East) has ensured that each LAEDB has conducted, or planned, a Surge Capacity exercise ahead of winter 2016-17. All LAEDB are expected to update their winter plans including capacity and surge management plans to take account of the review and lessons identified by exercise. All healthcare providers and CCGs in Kent are also now utilising a software system to enable them to share real-time data on a local health economy basis to assist them in managing more proactively capacity and surge issues.

5.0 Winter Communications, including Seasonal Flu vaccination.

All LAEDBs have in place plans winter communications plans that support the nationally led 'Stay Well This Winter' campaign, which is a joint initiative between NHS England and Public Health England. <http://www.nhs.uk/staywell/>

The Met Office have also commenced their Cold Alert Level service as well as their Storm naming service, successfully trialed in winter of 2015-16 to raise awareness with the public of severe winter weather and the potential for its effects.

Outbreaks of flu can occur in health and social care setting, and, because flu is so contagious, staff, patients and residents are at risk of infection. As a result front-line healthcare workers are offered a flu vaccination. LAEDB are required as part of their winter planning to have put in place measures to maximise and monitor uptake by eligible Health and Social care staff.

6.0 Winter Reporting

NHS Improvement commenced daily winter reporting on all NHS providers of acute healthcare in England on 1st November 2016. NHS England has implemented a system similar to last year's process whereby local health economy system pressures are escalated to NHS England when LAEDB's Surge and Capacity Management Plans are triggered at a level when the local health and social care

system is experiencing major pressures compromising patient flow and these continue to increase.

In addition there will be additional focus on winter reporting during the two Bank Holiday periods as well as scrutiny of primary care and 111 plans in the run-up to these critical periods.

9.0 Summary

- The key vehicle for winter Preparedness and Response activities over winter 2016/17 are the Local Accident and Emergency Delivery Boards (LAEDB) of which KCC is an integral part, which in August 2016 replaced the previously established System Resilience Groups.
- Kent's acute healthcare providers are not currently meeting the A&E four hour waiting standard, and there are high level of delayed transfers of care in several Trusts.
- The Local Accident and Emergency Delivery Boards (LAEDB) have taken and are continuing to take steps to improve A&E performance. All LAEDBs have now provided an action plan that describes how they will continue to implement the 5 national priorities, and progress will be monitored
- Individual Health and Social Care organisations and LAEDBs have winter plans including surge and capacity plans in place and the Local Accident and Emergency Delivery Boards (LAEDB) have taken and are continuing to take steps to prepare the health and social care system to manage winter pressures.
- Lessons identified from winter 2015/16 have been incorporated into these plans and systems have exercised these plans.
- A strong national communications campaign is being supported and delivered locally. The NHS recognises and welcomes KCC's ongoing support to successfully deliver these important messages to the population of Kent
- KCCs support in encouraging the update of seasonal flu vaccination is welcomed.
- A robust system of winter reporting has been implemented from 1st November 2016 to identify and respond any challenges as they arise.
- The high rates of Delayed Transfers of Care at some NHS Hospital sites are highlighted as an area where further work is required in coordination with KCC.