

## BOARD MEETING

17 December 2015

Paper Title:	Winter Planning Briefing
Section:	Public
Lead Director:	Dr Andy McElligott, Medical Director
Paper Author:	Dr Andy McElligott, Medical Director
Agenda Item:	<b>13</b>
Presented For:	Assurance

### 1. Purpose of this Report:

The purpose of this paper is to provide a brief overview of local arrangements to cope with winter pressures this year and, specifically, BDCFT's contribution

### 2. Summary of Key Points

Planning for winter is overseen by the System Resilience Group and is a year-round process.

Significant learning from previous years has informed this year's response.

Recurrent funding has allowed providers to put in place more robust mitigations this year.

BDCFT has taken a number of specific actions which will help to reduce pressure across the system

### 3. Board Consideration

- Does the paper provide sufficient assurance that BDCFT is well placed to provide a robust response to any increased pressures which may be experienced, across the health and care system, this winter?

**4. Financial Implications**

None

**5. Legal Implications**

None

**6. Previous Meetings/Committees Where the Report Has Been Considered:**

*Highlight whether the paper has been discussed at any of the following meetings by placing a tick in the relevant box(es):*

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

**7. Risk Issues Identified for Discussion**

- Unexpectedly severe cold weather or high levels of influenza-like illness, resulting in unanticipated demands on A&E services and acute bed occupancy will place a significant strain on our community services

**8. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act

**9. Recommendations:**

That the Board:

Note the actions being taken, within the trust and across the district to mitigate winter pressures

Consider any further actions which may be necessary to provide full assurance

## **Winter Planning 2015/16**

Winter planning is one of the key tasks of the System Resilience Group (SRG) which has responsibility for designing, agreeing and overseeing delivery of the district's urgent and emergency care strategy.

Membership of SRG includes all local provider trusts, all CCGs, the local authority, VCS partners, NHS England, community pharmacy, YAS, Local Care Direct and public health.

BDCFT is represented by the Medical Director or, in his absence, the Deputy Directors of Community Services and Mental Health Services.

Bradford and Airedale has a **system-wide 'surge and escalation plan'** which is updated annually and which covers winter plans, as well as the systemic response to unexpected surges in demand or reductions in capacity. BDCFT's own winter contingency planning measures are included within the **BDCFT Severe Weather Plan**

Formal planning for this winter began in April with a regional, 'Winter Lessons Learnt' workshop, hosted by NHS England. Common issues included:

- Workforce and Recruitment issues:
  - o Reliance on agency and locum staff
  - o Unable to fill vacant posts
  - o Delays and lead times to recruit to a post
  
- Gaps in social care:
  - o Access to social care and re-ablement support
  - o Care package support
  
- Care homes:
  - o Limited resource
  - o Rising charges over winter
  - o Quality and safety concerns
  
- Training for on call managers
- Acuity of patients has increased leading to increased admission rates and length of stay
- Flow through the hospitals
- Whole system intelligence and reporting
- Primary care escalation and monitoring access
- Access to immediate care
- Out of area discharges
- Impact on elective demand
- A need for a common escalation and language
- Availability and timing of funding

## **BDCFT Response**

In previous years, CCGs have received non-recurrent, central funding to support winter planning, which has been distributed between local providers. This funding was often received quite late in the year making efficient spend problematic as most providers tended to try to increase temporary staffing levels but ended up fishing in the same agency pool (see workforce issues above).

Funding to support winter pressures is now recurrent and included in trust's baseline contracts. For 2015 /16, BDCFT received approximately £370k. The bulk of the funds (circa £300k) have been spent on the **recruitment of substantive community nursing resource including three extra staff nurses in the AWC area and 10 extra Health Care Assistants in Bradford**, with locality Deputy Directors determining their specific requirements.

The remainder of the funds have been used to **extend Intensive Home Treatment Team provision to allow a complete crisis care pathway integrated with First Response and with the MIND sanctuary.**

**24/7 mental health liaison services in A&E** have been identified as an essential enabler of flow through emergency departments. BDCFT has already achieved this through use of the First Response team but extra, non-recurrent funding has recently been made available to take this further:

£285k was allocated to BAWC CCGs to pump-prime sustained investment in 24/7 all-age liaison mental health services in emergency departments. Use of this funding has been overseen by the local crisis care concordat partners. It will focus on developing the A&E liaison service to incorporate **a robust community outreach service** which will include **a centralised multi-agency, safe-haven community hub**, operating 7 days a week in partnership with the voluntary sector and social care professionals. This will enhance the MIND sanctuary model and will provide an alternative to A&E for people with or developing mental health issues in a safe, supportive and therapeutic environment, promoting independence, opportunity and recovery in the community.

On top of this, an extra £266k was allocated to BAWC CCGs as a result of the West Yorkshire Urgent and Emergency Care Vanguard committing to incorporate mental health crisis as a core part of its work. This is intended to enable the testing and evaluation of all-age models of liaison mental health, including for children and young people, and the development of the dataset required to ensure inclusion of mental health crisis care in urgent and emergency care payment models. Use of this funding is being overseen by the vanguard.

A significant, emerging issue is the number of care home beds lost because of closure or suspension (see care home issues above). This has recently contributed to major pressures at Airedale Foundation Trust which has had to open all of its escalation beds as well as its 'winter ward'. **BDCFT has worked with AFT to develop a plan to deploy and mobilise extra community nursing resource to support additional 'step down' beds:** 17 at Thompson Court Care Home in Crossflats and 4 at Holmewood Care Home in Keighley, until the end of March.

**BDCFT has piloted a ward in-reach service** to Bradford Teaching Hospitals Foundation Trust (the One Team) to support and educate ward staff on available community resources for post-discharge support. This initiative allows for earlier supported discharge and we are currently seeking further non-recurrent funding from Bradford CCGs to continue this throughout the winter and into 16/17.

BDCFT contributes to a **weekly 'sitrep' conference call** alongside all other local partners and NHS England so that we are all fully aware of each other's pressures and able to offer appropriate interventions. These calls commenced in November and will continue through until March.

BDCFT is once again achieving **very high levels of seasonal influenza vaccination** thanks to the efforts of our Infection Prevention team. This helps to minimise staff sickness through the winter and, more importantly, helps to protect vulnerable patients from contracting influenza from healthcare workers which should alleviate the burden on primary care and acute trust partners.

**Capacity mapping for the Christmas and New Year period** is currently taking place, in line with the requirements of NHS England and Monitor. BDCFT is required to submit two returns: (i) for community services, the number of community nurses, the number of fast response teams and the number of palliative care nurses on duty each day and (ii) for mental health services, the number of whole time equivalents on duty, each day, within crisis teams and A&E liaison teams.

Board can be assured that significant systemic winter planning has taken place throughout the year, overseen by the SRG, and that BDCFT is playing its full part in contributing to the district-wide plan.