Health and Wellbeing Board
North Yorkshire

27 November 2015

System resilience and winter preparedness in North Yorkshire

1.0 Overview

1.1 The purpose of this paper is to provide assurance to the Health and Wellbeing Board that the health and social care economy across the county is as prepared and ready as it can be for the upcoming winter period.

1.2 The paper discusses the national, regional and local drivers to ensure systems are resilient and prepared for winter (as well as other periods of surges and pressures) within and across the health and social care system.

1.3 The paper considers what work is currently underway to reassure the Board that the system is prepared for the upcoming winter period.

2.0 National drivers (The Civil Contingencies Act (2004)[1])

2.1 The Civil Contingencies Act (2004) establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into 2 categories, imposing a different set of duties on each.

2.2 Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties.

2.3 Category 2 organisations (the Health and Safety Executive, transport and utility companies) are 'co-operating bodies'. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders.

2.4 Category 1 and 2 organisations come together to form 'local resilience forums'[2] (LRF).

3.0 Regional drivers

3.1 Local Resilience Forums (LRF's)

3.1.1 LRF's are based on police areas and help co-ordination and co-operation between responders at the local level. Therefore in this case, there is the North Yorkshire Local Resilience Forum.

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[1] http://www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62277/The_role_of_Local_Resilience_Forums-_A_reference_document_v2_July_2013.pdf

3.1.2 The North Yorkshire Local Resilience Forum is not a legal entity, nor does a Forum have powers to direct its members. Nevertheless, the Civil Contingencies Act (2004) and the Regulations within provide that responders, through the Forum, have a collective responsibility to plan, prepare and communicate in a multi-agency environment.

3.1.3 This responsibility is best fulfilled where the LRF is organised as a collaborative mechanism for delivery equipped to achieve the mutual aims and outcomes agreed by the member organisations (partners), able to monitor its own progress and strengths, and active in identifying and developing necessary improvements.

3.2 Local Health Resilience Partnerships (LHRPs)

3.2.1. LHRP's have also been established. Their role is to deliver national Emergency Preparedness, Resilience and Response (EPRR) in the context of local risks. These bring together the health sector organisations involved in EPRR at the Local Resilience Forum level. Building on existing arrangements for health representation at LRFs, the LHRP will be a forum for coordination, joint working and planning for emergency preparedness and response by all relevant health bodies. The LHRPs' footprint will map to the LRFs. It will offer a coordinated point of contact with the LRF and reflect a national consistent approach to support effective planning of health emergency response.

3.3 Seasonal Winter Health Strategic Partnership

3.3.1 North Yorkshire County Council has established a seasonal winter health strategic partnership. This partnership is in the process of creating a North Yorkshire Seasonal Winter Health Strategy 2015-2020. This strategy aims for all partners to work together including individuals, groups, the independent and public sector to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities, reducing excess winter deaths and to reduce the number of vulnerable people in North Yorkshire whose lives are negatively affected by the cold.

4.0 Local drivers

4.1 System Resilience Groups (SRG's)

4.1.1 In 2014, NHS England requested that each local area set up its own System Resilience Group[3]. These SRG's are to plan capacity and ensure that operational delivery across the health and social care system is coordinated, on-going and robust. From 2015, SRG's are

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320224/Operational_resilience_and_capacity_planning_for_2014-15.pdf

responsible for ensuring the whole health and social care economy is resilient therefore includes both elective as well as urgent care[4].

4.1.2 The bringing together of urgent and elective care elements within one planning process underlines the importance of whole system resilience. It ensures that both parts of the system need to be addressed in order for local health and care systems to operate as effectively as possible in delivering year-round sustainable services for patients.

4.1.3 In North Yorkshire, there are 4 SRG's:

- Harrogate and Rural District SRG (HaRD SRG)
- Hambleton, Richmondshire and Whitby SRG (HRW SRG)
- Airedale, Wharfedale and Craven SRG (AWC SRG)
- York, Selby and Scarborough SRG (Y&S SRG)

4.1.4 Each SRG is chaired by a senior leader from the CCG(s) represented on the group. All local provider, commissioner, and social care organisations are members in the group. This allows for plans to be developed and agreed by representatives from across the health and social care system. SRGs can also have independent or voluntary sector representation. All care providers are represented such as ambulance services, mental health services, primary and community care providers as all have a key role in delivery.

4.1.5 SRG's have a responsibility for undertaking rigorous and analytical reviews of the drivers of system pressures. This allows solutions to these pressures to be developed with a collaborative approach. SRG's are to hold each other's partner organisations to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators. These arrangements do not supersede accountabilities between organisations and their respective regulators. A final responsibility is for SRG's to undertake wider transformational changes in line with the Urgent and Emergency Care Review.

4.1.6 SRG's meet on a monthly basis, are accountable to NHS England and feed into both the LHRP and LRF.

5.0 Preparing for Winter 15/16

5.1 Lessons learnt

5.1.1 The key lesson learnt by health and care systems from last year is to ensure full preparedness well in advance to the onset of winter. Relationships formed as a result of managing operational pressures last year have remained in place allowing partners to maintain an open dialogue and build on the greater awareness of each other's problems. Linked to this is the recognition of the importance of locally determining

[4] https://www.england.nhs.uk/wp-content/uploads/2012/10/winter-readiness-letter-1516.pdf

how best to manage winter pressures such as when to escalate/de-escalate into control and command reporting structures. In recognition of this, there is now a common methodology in place across the HWB footprint (see 5.2.6).

5.1.2 Another key learning point has been the recognition of the importance of understanding the wider interdependencies across health and social care systems. SRG's in North Yorkshire have created linkages with wider geographical neighbours depending upon patient flow. For example the Harrogate and Rural District SRG has links with the Leeds SRG as a lot of the Harrogate patient's access services in the Leeds and Wetherby area. Similarly, the Hambleton, Richmondshire and Whitby SRG has links with Durham and Darlington due to patient flow upwards into South Tees. These 'cross border' links are particularly useful to resolve issues such as delayed transfers of care as these more informal networks give access to other services (such as Leeds City Council) who are responsible for approximately 50% of all HaRD SRG delayed transfers of care.

5.1.3 Pressure on the care home sector caused operational difficulties last year and remains an area of focus for NYCC with current occupancy levels across care homes remaining above 90% on average. The causal factors behind this relate to market pressures with some providers failing to deliver services, others reducing their bed base and some providers exiting the market. Similar challenges in the domiciliary care market add to the overall system pressure. The following actions have been taken to address these issues:

- Market position statement produced and shared with partners and providers – this is used to inform commissioning intentions as well as potential providers of the current picture across the HWB footprint.
- Multiple provider failures – Business continuity/communications plans reviewed to ensure effective links in place between operational and emergency planning teams.
- Acknowledgement that workforce challenges are a significant system issue affecting all partners – Simon Cox identified as sponsor for this issue on behalf of the Board.

5.2 <u>Assurance/current practice</u>

5.2.1 As part of the learning of being prepared earlier, NHS England requested each SRG to complete an assurance toolkit by the 30 September 2015. The most relevant element of this assurance process was the 'eight high impact interventions'. These eight high impact interventions are detailed in Table One.

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.

Table One: The Eight High Impact Interventions

5.2.2 At the time of writing this report, the SRG's across North Yorkshire had been assured by NHS England as being either fully or partially assured in relation to the eight high impact interventions.

5.2.3 Each SRG area has created a work plan to address any areas within the SRG assurance submission where full assurance was not achieved. Work plans are standing agenda items on the SRG agenda's until full assurance has been achieved. This approach is supporting the work undertaken to ensure the SRG's are as fully prepared for periods of surge and escalation as possible. SRG's have also set up risk registers to log the risks requiring mitigating input. These risk registers help to drive the work around obtaining full assurance.

5.2.4 Each SRG has 'tested' its resilience plans by conducting a table top exercise with all the partners present. These test scenarios have been a real success as have given assurance to NHS England and reassurance to the SRG's that partner plans align with one another and

that the partners are consistent in their use of escalation triggers and reporting criteria.

5.2.5 Each SRG lead (the CCG) is required to participate in weekly assurance calls with NHS England. These calls commenced w/c 2 November 2015. The calls focus on how pressures across the SRG are being mitigated, actions that have been taken and provide an opportunity for NHS England to offer place based support to help manage the pressures being experienced. It also allows each SRG to hear how what pressures other areas are experiencing. This helps to determine if similarities are occurring or if patterns/trends are emerging. These pressures can then be dealt with at regional level where appropriate to do so. An example of this is working with Yorkshire Ambulance Service around their workforce issues. This is a regional issue that the SRG's are working on collectively and feeding into wider regional footprints (Yorkshire and the Humber).

5.2.6 North Yorkshire Health and Adult Services (HAS) have recently updated its escalation plan to mirror the recently published guidance on NHS REAP levels, moving from a four level plan to a six level plan. The plan has been developed in conjunction with the Scarborough, York and East Riding SRG, but is the basis for action with the other SRGs across the county. As part of the overall Scarborough, York and East Riding SRG plan for monitoring escalation levels HAS contributes to the Urgent Care Monitoring dashboard on a weekly basis.

6.0 SRG Assurance

6.1 Following on from the SRG assurance toolkit submissions on 30 September 2015, a Tripartite (NHS England, Monitor and the Trust Development Agency) review is underway. Assurance levels will be fed back to each SRG and, where full assurance is not given, work plans and risk registers will be refreshed and monitored through the SRG to ensure full assurance is reached as soon as possible.

6.2 SRG's have been advised by the Met office/NHS England to anticipate a bad winter this year. This is due to the fact that we are expected to have severe cold weather including snow this year. The UK is also overdue an influenza pandemic. The SRG test scenario's as discussed in paragraph 5.2.4 have evidenced cold weather plans are robust across the SRG's, such as access to 4x4 vehicles, business continuity arrangements in place and communications strategies already underway. All SRG's will be at an event on the 19 November 2015 which is a table top exercise looking at testing plans to effectively manage a community outbreak of influenza. Local and national campaigns are already under way to encourage members of the public- especially at risk groups to have the flu vaccination.

7.0 Communications

7.1 As set out by NHS England and Public Health England, all regional and local winter communications follow the national communications toolkit. The same applies to the communications element as part of the seasonal winter health

strategic partnership (see 3.1.1). This joined up approach from national through to local ensures consistent, key and timely messages are given out by all the partners and is aimed at ensuring members of the public are clear about messages regarding winter.

8.0 Conclusion

8.1 The SRG's within North Yorkshire are prepared for winter with individual work plans, risk registers and support from NHS England to work towards full assurance. Partners are working in a closer, more co-ordinated way to manage system pressure, e.g. adoption of REAP methodology.

8.2 Lessons learnt from last year have been incorporated into the current work and a robust SRG assurance process has been undertaken, led by NHS England.

8.3 SRG's operate at a local level under national guidance and support. SRG's also come together across North Yorkshire (and wider such as the Yorkshire and the Humber region) to address issues that cut across all SRG's.

8.4 SRG's meet regularly and report to NHS England on a weekly basis during the winter period. Partners have built a greater level of understanding through regular communication and dialogue that has continued since last winter allowing formal procedures for winter to be put in place in a smooth and efficient manner.

8.5 Communications to partners, provider of health and care services and members of the public align to the national communications developed by NHS England and Public Health England. Partners recognise the interdependencies across the health and care system and are using the SRG forum to continue to develop local 'best practice' set out in the high impact changes.

8.6 SRG's across the county support the work the seasonal winter health strategic partnership are undertaking and will dovetail with this work.

9.0 Required from the Board:

9.1 The Board is asked to note and accept the details set out in the paper as part of the assurance framework across the HWB health and care system.