North Yorkshire and York Care System

Phase 3 - System Recovery & Restoration Plan
Final v.01 – 15/07/20

North Yorkshire County Council
NHS Bradford District and Craven Clinical Commissioning Group
NHS North Yorkshire Clinical Commissioning Group
NHS Vale of York Clinical Commissioning Group
City of York Council
NHS Humber NHS Foundation Trust
NHS York Teaching Hospital NHS Foundation Trust
YORLMC Limited Established 2007
NHS Airedale NHS Foundation Trust
NHS Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Bradford District Care NHS Foundation Trust
NHS Yorkshire Ambulance Service NHS Trust
NHS South Tees Hospitals NHS Foundation Trust
NHS Harrogate and District NHS Foundation Trust

North Yorkshire and York – Phase 3 Recovery & Restoration

PRIORITIES FOR RECOVERY

Primary Care	Acute Care	Community Care, Social Care, Healthy People & Places	Mental Health, Vulnerable People, C&YP	Medicines

• GP safe and sustainable service provision through **implementation effective IP measures control**
• Fully rolled out **total triage model and maximisation of digital technology** (including electronic repeat prescribing)
• Agreed and implemented **'hot hub' models across NY&Y**
• **Flu Vac model** agreed and implemented across NY&Y
• **Continue PCN development and embed MDT approach** with community providers and **additional roles implementation**
• Clear and implemented model to **support vulnerable people (including LD patients) including risk stratification**
• Clear approach to **urgent care models across NY&Y**
	• **Optimising none face to face attendances**
	  • Rapid Expert Input
	  • Virtual consults
	  • Patient initiated Follow-ups
	• **Optimising elective care capacity and managing long waits incl. 52 weeks**
	  • Risk stratification
	  • Clinical prioritisation
	  • Elective hubs
	  • Optimising FCPs
	  • Prime Provider Models
	• **Optimising resilience and care of patients waiting** - Self care mgmt framework
	• **Streamlining Urgent Care delivery including:**
	  • Talk before you walk
	  • Increasing SDEC
	• End to end care pathway transformation for fragile and high volume/ backlog
	• **Maintaining efficient discharge pathways including:**
	  • access to domiciliary care packages
	  • Rehabilitation
	  • Step down care home beds
		• **Care Market stabilisation (NY)** – financial support, bed modelling, block beds model.
		• **Home First Approach** (CoY)
		• **Continued accelerated discharge model** – 5 command centres, SPA, brokerage, integrated working
		• Agreed and implemented **safe discharge model for Covid +ve patients**
		• Implementation of agreed **integrated community model of care (NY)** to support step-up and accelerated discharge
		• Continued **enhanced care home model** (working with Primary Care) with **community services MDTs**
		• Develop**, agree and implement frailty models** across NY&Y
		• **Prevention and Live well models agree**d and implemented to support prevention model.
		• **Community models agreed and implemented with LA** to support self-care an prevention model.
			• **Managing the Surge, expected increase in demand from September onwards:**
			  • CYP 53% inc.
			  • Adult 23% inc.
			  • OP 22% inc.
			• **Maintain the Crisis Response:**
			  • **24/7 crisis line**
			  • **Enhanced offer**
			  • **Resilience Hub**
			• **Clearing the Backlog:**
			- Autism, Children 368, Adults 1,000
			- Children ADHD
			- CAMHS
			• **Long Term Plan Delivery, bring forward development plans to support the recovery and anticipated surge in following areas:**
			  • EIP
			  • CYP
			  • IAPT
			• **Resilience Hub development in NY&Y**
			• **Increase capacity for surge in safeguarding and CAHMS activity**
				• **Access to medicines**: ordering, prescribing, dispensing, delivery and for urgent need
				• **Quality and safety checks:** reactive + structured review programme and drug monitoring
				• **Effective communications** and planning: internal, networks, working groups, joint planning/decision making, IT, PCN development, pharmacy workforce development
				• **Public health pharmacy:** vaccination and treatment programmes, including emergency needs.

North Yorkshire and York – Phase 3 Recovery & Restoration

DELIVERABLES FROM RECOVERY PLANS

Primary Care	Acute Care	Community Care, Social Care, Health People & Places	Mental Health, Vulnerable People, C&YP	Medicines
• Safe and sustainable **primary care services** to deal effectively with **restored demand with continued Covid** • **Maximisation of digital** triage, consultations and **services including with care homes** • **'Hot sites' available** to manage Covid +ve patients • **S**ervices available to **maximise safe Flu Vac uptake (189k-234k people)** • Functioning Integrated MDTs to **manage patients optimally and avoid duplication of effort and reduce admission to hospital**	• Provision of expert advice without the need for an outpatient attendance • **Reduce numbers of unnecessary outpatient attendances** • **Restore elective capacity** • **Reduce v long waits over 52 weeks (1750 patients)** • Treat patients waiting a long time with high clinical needs • Safely manage patients with long waits • **Reduce face to face attendances and increase virtual consults** • Reduce unnecessary visits to hospital and direct patients to the 'right' care setting **for them first time by using 'Talk before you Walk' services (Up to 25% reduction in attends)** • **Improve service pathways for patients** • **Provision of more & alternative non-invasive diagnostic testing to support rapid diagnosis**	• Create a **sustainable Care Market (NY)** • Continued **accelerated discharge model to increase hospital capacity** and help patients back to independence • **Safe discharge for Covid +ve patients (max 38 patients per week in surge)** • Enhanced community and care home model (working with Primary Care) with community services MDTs **to reduce admissions and maintain independence** • Improved services for the frail across NY&Y • Prevention and Live well models agreed and **implemented to support prevention model.**	• Provide **capacity to C&YP returning to school** in September • **24/7 Crisis line availability** • **Reduce Autism waiting** times for assessment. Ambition to reduce backlog by Children 368, Adults 1,000 assessments • **Increase capacity in IAPT** service to manage expected recovery surge. • Increase **capacity for surge in safeguarding and CAHMS activity.** • **Increase capacity in CHC DST assessments.** • The DST backlog will reach 427 by December 2020 • The FNC backlog will reach 581 by December 2020	• Optimise **access to regular and end of life medicines** (including urgently) during periods of Covid activity • Improve efficiency to **reduce workload and footfall to minimise infection risk** in ongoing medicines supply systems to practices and pharmacies • Support to highest risk patients for **safe use of medicines, especially care homes residents**. • **Update commissioning and formulary processes** to ensure robust and consistent decision making across whole NY&Y • Effective **system wide communication** and planning

North Yorkshire and York – Phase 3 Recovery & Restoration

THE DIFFERENCE WE WILL MAKE SUPPORTING SYSTEM TRANSFORMATION

Primary Care	Acute Care	Community Care, Social Care, Health People & Places	Mental Health, Vulnerable People, C&YP	Medicines
• **Safe and sustainable primary care services** to deal effectively with restored demand with continued Covid • **Maximisation of digital** triage, consultations and services including with care homes • **'Hot sites' available** to manage Covid +ve patients • Services available to **maximise safe Flu Vac uptake** • **Functioning Integrated MDTs to manage patients optimally** and avoid duplication of effort and reduce admission to hospital	• **Provision of expert advice without the need for an outpatient attendance** • **Reduce numbers of unnecessary outpatient attendances** • **Reduce face to face attendances** and increase virtual consults • **Restore elective capacity - t**reat patients waiting a long time with high clinical needs • **Safely manage patients with long waits - develop new support and care offers** to local people while they wait • **Reduce unnecessary and unplanned visits** to hospital and direct patients to the 'right' care setting for them first time by using '**Talk before you Walk' services** • **Improved and new service pathways for patients** • **Increased diagnostic capacity & utilisation**	• **Create a sustainable Care Market (NY)** • Continued accelerated discharge model to **increase hospital capacity and help patients back to independence** • **Safe discharge for Covid +ve patients** • Enhanced community and care home model with community services **MDTs to reduce admissions and maintain independence** (working with Primary Care) • Improved **services for the frail across NY&Y** • Prevention and Live well models agreed and implemented to **support prevention model.**	• Provide **capacity to C&YP returning to school** in September • **24/7 Crisis line availability** • **Reduce Autism waiting times** for assessment • **Increase capacity in IAPT** service to manage expected recovery surge • **Contribute to reducing safeguarding cases**	• **Maximise potential of community pharmacy:** particularly their accessibility for reducing a surge of patients to GP for self-care for minor conditions. • Capitalise on positive developments, e.g., **maintain multi party meetings,** that have been made as a result of Covid situation that can be integrated into future working patterns, relationships and arrangements in medicines and prescribing. • Delivery of measurable **financial savings** through reduction of waste and increase of self-care.

Acute Hospital - Recovering Activity

Acute Hospital Activity Assumptions for Phase 3 planning purposes

	Aug	Sept	Oct	Nov-March 2021
First Outpatient attendances	90%	100%		100%
Ordinary elective spells	70%	80%	90%	100%
Non-Elective spells	97%	97%	97%	97%
CT & MRI Diagnostic capacity			100%	100%
Use of independent acute provider capacity	75%	75%	75%	75%

- Limiting Factors
  - Social distancing rules
  - PPE – time to don and doff
  - Covid positive and negative zoning
  - Capital developments required to manage in new Covid environment