Stockton-on-Tees BOROUGH COUNCIL
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Health & Wellbeing Board

Agenda

Date: Wednesday 29 November 2023 at 2.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Libary, Church Road, Stockton on Tees, TS18 1TU

Cllr Robert Cook (Chair)
Cllr Lisa Evans (Vice-Chair)

Cllr Diane Clarke OBE
Cllr Kevin Faulks
Cllr Steve Nelson
Cllr Stephen Richardson
Carolyn Nice
Sarah Bowman-Abouna
Jon Carling
Dominic Gardner
Jonathan Slade
Cllr Dan Fagan
Cllr Mrs Ann McCoy
Cllr David Reynard
Cllr Sylvia Walmsley
Elaine Redding
Fiona Adamson
David Gallagher
Julie Gillon
Peter Smith

AGENDA

8 Winter Preparedness

Presentation to follow. (Pages 7 - 18)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: John Devine john.devine@stoctkton.gov.uk on email Michael.henderson@stockton.gov.uk

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KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

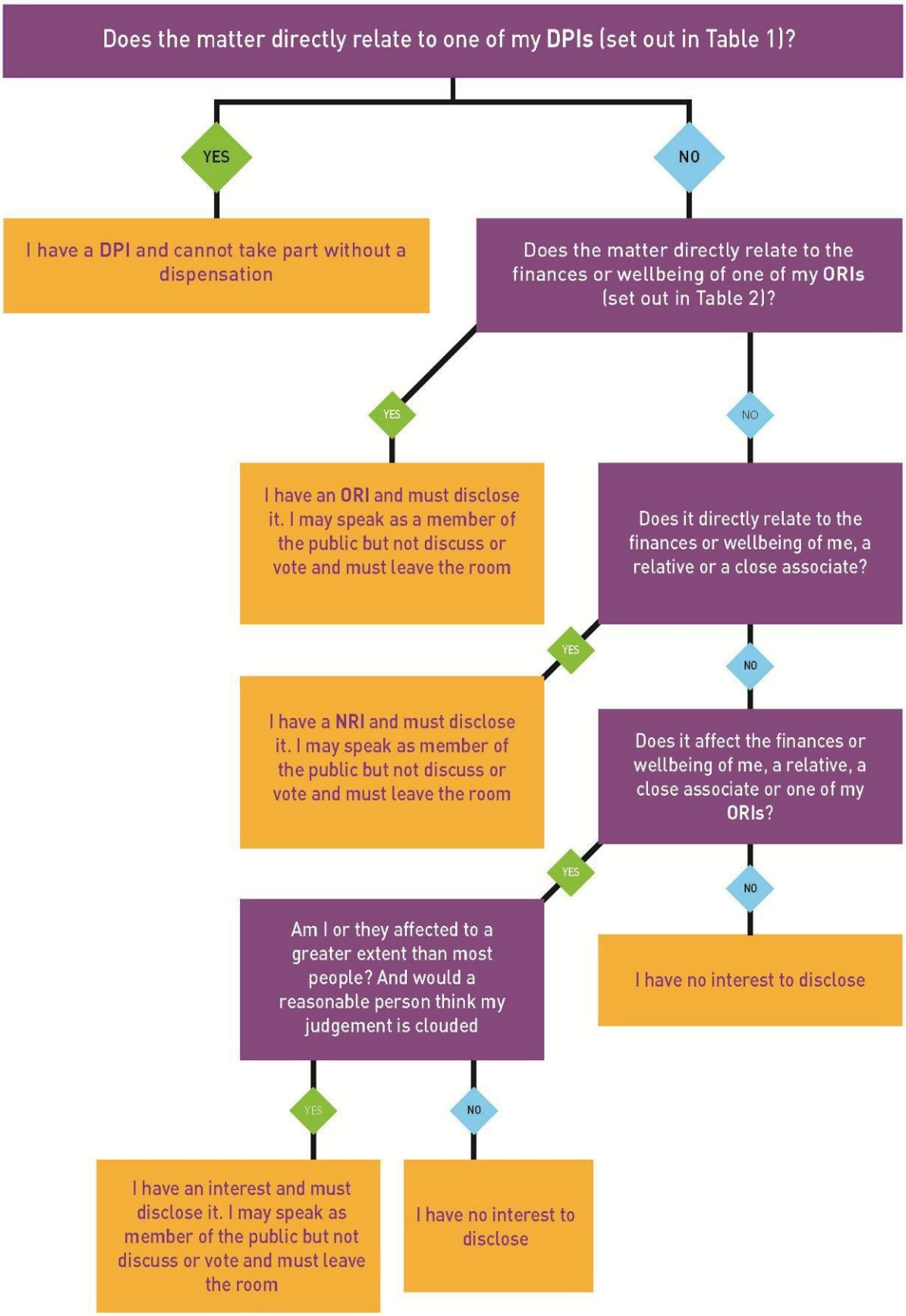

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Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

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Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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NHS
North East and North Cumbria

Tees Valley Winter Planning Update

Craig Blair – Director of Place Based Delivery

Andrew Rowlands – Head of Commissioning Unplanned Care

Overview

To advise stakeholders of:

- **Context**
- **National Guidance**
- **23/24 Winter Planning**
  - Local Accident & Emergency Delivery Board (LADB)
  - System Control Centre (SCC)
  - Tees Valley Incident Command Coordination Centre (ICCC)
  - Urgent and Emergency Care Highlight Report
  - 23/24 Winter Plans and Business Cases
- **Risks and Challenges**

Context

The Tees Valley UEC System, like UEC services in the rest of the region and the country, remains under significant and sustained pressure. This pressure is across all parts of the Tees Valley system and all partners, from Primary Care and Out of Hours (OOH), Acute and Ambulance Providers, to Social Care and Mental Health Services.

This is inevitably impacting on performance across all providers, particularly impacting on flow through our hospitals, creating a blockage in the Emergency Department (ED) and resulting in long ED waits and ambulance handover delays which in turn creates unacceptable long waits for people in the community waiting for an emergency response.

The pressure across our system is created by:

- Staffing issues across all partners
- Pathways and Estate limitations at some sites
- High/increased activity levels within Primary and Secondary Care (linked to Elective backlog and Primary Care access)
- Higher acuity of patients resulting in longer Length of Stay (LOS) also impacting on flow
- Discharge delays (Internal Trust delays along with Social Care and Home Care Staffing pressures)
- Bed pressures and flow issues through hospitals (linked to all the above)

This makes it a complex system problem, requiring a system response.

National Guidance

- NHS 2023/24 priorities and operational planning guidance – 23rd December 2022
- Delivery Plan for recovering urgent and emergency care services – January 2023
- Delivery Plan for recovering access to primary care – May 2023
- NHS England letter to Senior Health Leaders across the country – 27th July

National Guidance

Delivery plan for recovering urgent and emergency care services

Key Ambitions

- Patients to be seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances attending to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

To succeed and enable the improvement of waiting times and patient experience, the NHS is committed to sustaining focus across the heath and social care sectors on five key areas:

1. Increasing urgent and emergency care capacity

2. Increase workforce size and flexibility

3. Improving discharge

4. Expanding care outside hospital

5. Making it easier to access the right care

National Guidance

The 10 high-impact interventions are:

1) **Same Day Emergency Care (SDEC)**: **reducing variation in SDEC** provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

2) **Frailty: reducing variation in acute frailty service provision**. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

3) **Inpatient flow and length of stay (acute): reducing variation in inpatient care** (including mental health) **and length of stay** for key integrated UEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

4) **Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.

5) **Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.

6) **Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.

7) **Virtual wards: standardising and improving care across all virtual ward services** to improve the level of care to prevent admission to hospital and help with discharge.

8) **Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.

9) **Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment

10) **Acute Respiratory Infection (ARI) Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

23/24 Winter Planning

Tees Valley Local Accident & Emergency Delivery Board (LADB)

- The LADB acts as a forum where partners across health and social care come together to collaborate on the integration of high-quality services in support of the wider urgent emergency care system and find ways to develop the local system in relation to improving emergency care delivery, this includes responsibility for the monitoring and delivery of all relevant performance metrics.

System Control Centres (SCC)

- The SCC exists to be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

Incident Command Coordination Centre (ICCC) – Tees Valley

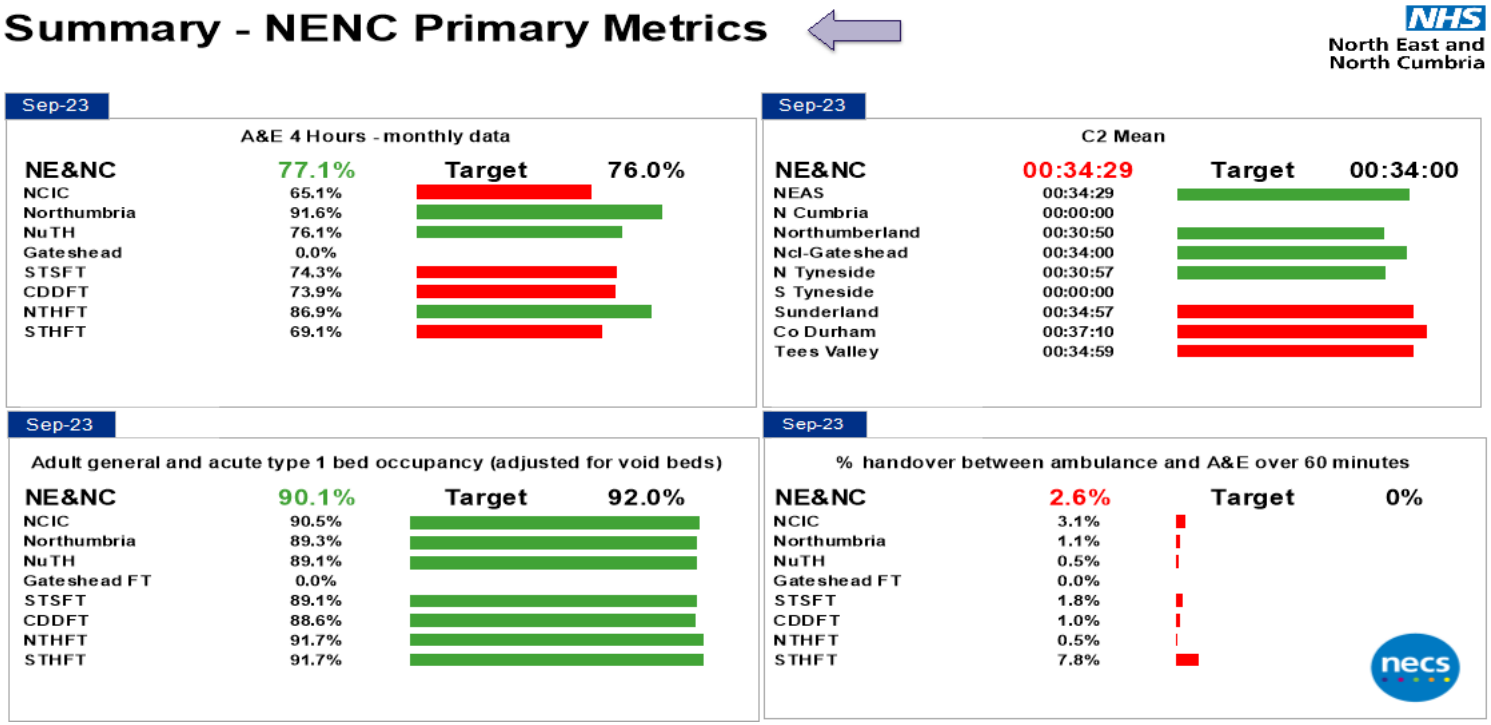
- The ICCC will consider current and predicted capacity and demand pressures supporting stakeholders on how best to navigate pressures across the Tees Valley ICP footprint. The ICCC will use their collective expertise with the support of the NECS Surge Team to agree a plan of action to manage the here and now and the potential surge over an agreed period of time.

23/24 Winter Planning

Tees Valley Local Accident & Emergency Delivery Board (LADB)

To support the LADB in monitoring the key performance metrics we have developed a UEC Highlight Report which pulls data from each partner along with supporting narrative to determine key risks for discussion within the meeting.

Performance summary for Sep-23:



23/24 Winter Planning

Winter Plans

Working alongside Tees Valley LADB partners we developed a system resilience template to ensure our system was sighted on risks ahead of this coming winter. This template built in Key Lines of Enquiries (KLOE's), based upon the asks within the various planning guidance documents, alongside other local intelligence.

This template mapped the KLOE's against the 10 high impact interventions, ensuring we were/are responding to each.

We requested TV LADB system partners to self-assess against the range of KLOE's, providing a RAG risk rating. This was then consolidated into a TV system RAG risk rating.

From the 66 KLOE's identified the TV system rated 12 as amber (In plans, but risks associated with delivery) and 0 as red (No evidence of existing implementation or in system plans).

The Amber KLOE's are detailed on the following slide and the LADB will ensure monitoring and delivery against each over the coming months.

23/24 Winter Planning

Winter Plans – system risks

Priority Area	Assurance Check	TV LADB
Ambulance Handover Delays	Ambulance Handover delays, plans in place to ensure no delays > 59 minutes	
Improving the primary-secondary care interface	Trust plans are in place to implement the capability to issue fit notes and discharge letters electronically upon discharge from hospital by 30 November 2023.	
	Trust plans are in place to manage onward referrals and to establish their own call/recall systems for patients requiring follow-up tests or appointments by 30 November 2023.	
Improving Joint Discharge Processes	Trusts have worked with providers in mental health, learning disability and autism settings to make sure that we develop a metric that can help focus on reducing the longest stays.	
	Surge plans support the implementation of the best practice interventions set out in the '100-day discharge challenge' across NHS settings	
	There are plans to flex staffing capacity in the event of surge across the acute, community, residential / home care sectors and packages of care. This should include agreed multi-agency triggers for extending and withdrawing this extra capacity.	
Expanding & better joining up new types of care outside of hospital	Plans are in place ahead of Winter to further increase the utilisation of Urgent Community Response Services via all referral sources.	
Expand Virtual Wards	Virtual Ward capacity will be scaled up to support patients with Frailty and Acute Respiratory Infections.	
	Plans are in place to increase the utilisation of Virtual Wards from around 65% to 80% by September 2023. Local clinical and operational teams have a standard approach across their area to enable referrals, build patient engagement and benefit from economies of scale.	
	Plans are in place to implement new Virtual Ward Models, in more clinical areas, including for patients with a broader range of conditions. Local plans adhere to clinically-led guidance and guidelines to allow providers to scale up ahead of winter for priority pathways including Heart Failure and Paediatrics.	
Making it easier to access the right care	Plans support more patients being seen in emergency departments with the ambition to improve to 76% of all patients being admitted, transferred or discharged within four hours by March 2024.	
	Acute trusts have processes in EDs to prevent avoidable breaches, particularly amongst 'minors' and non-admitted patients referred for specialist assessment.	

23/24 Winter Planning

Winter Plans – Business Cases

Working with TV LADB system partners we commenced a process in June requesting system partners to submit proposed business cases that would have a measurable impact on our system this winter. At the LADB on 20th September we approved a fully prioritised list of schemes that can quickly be utilised to draw down any available funding.

Additional schemes/developments to support the system this winter:

- Urgent Community Response - fully operational to receive Category 3&4 NEAS e-referrals and have access to the Ambulance Stack ahead of Winter 23/24
- Virtual Wards (Hospital @ Home) - 40/50 Hospital @ Home beds per 100K population
- GP in ED at JCUH to create additional capacity and to commence from 1st December
- Moving Out of Hours (OOH) in Middlesbrough to be co-located with ED in JCUH from 1st December
- ARI (Acute Respiratory Infection) funding approved for implementation of ARI hubs across Northeast & North Cumbria (NENC) in Dec-23
- Funding approved for Front of House Navigation across all Trusts in NENC

Longer Term development to support the system:

- Procurement process underway to commission a standardised Integrated Urgent Care (IUC) model across North and South Tees from 1st April 2024, creating a new Urgent Treatment Centre (UTC) at James Cook University Hospital (JCUH) and extending the opening hours of the UTC at Redcar Primary Care Hospital (RPCH).

Risks & Challenges

Performance Specific Risks

- Ambulance Handover Delays at South Tees FT
- Cat 2 Ambulance Responses times

Risks & Challenges

- The on-going key risk across all system partners is staffing, with workforce being the limiting factor with most issues across Health and Social Care
- Competing priorities – for example from a health perspective Elective Recovery versus Urgent and Emergency Care, we need to balance the priorities and not create or increase inequalities
- Capacity to deliver services and respond to the demand from our population to access services across both Health (Primary and Secondary Care) and Social Care
- Further variants or waves of Covid and how we respond to these at both local and national levels
- Further Industrial Action