

Health and Wellbeing Board 7 December 2017

Agenda Item	Page No
7 UPDATE ON HEALTH AND CARE SYSTEM PLANNING Winter Planning presentation attached	3 - 18
12 BUCKINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT Presentation attached	19 - 32

Buckinghamshire Accountable Care System

Winter Planning 2017/18

Debbie Richards, Chair Buckinghamshire A&E Delivery Board
Suzanne Westhead, Service Director, CHASC, BCC



System approach to Winter Planning



System plan

- Developed by system partners & overseen by Buckinghamshire A&E Delivery Board
- Comprehensive plan linked to 7 pillars in Urgent and Emergency Care (UEC) Delivery Plan
- Informed by lessons learnt from last winter & multi-agency events to test system resilience
- Informed by national cold weather plan
- Partner organisations' detailed winter resilience plans inform our system plan

Buckinghamshire Plan assured by NHSE as GREEN

4

Winter Operating Model

NHSE National & Regional Support

- Winter planning guidance, promotion of best practice & communication
- Coordination, monitoring and reporting

Local Winter Team

- Named responsible directors for Hospitals & system support from community, social care & CCGs

Local Escalation Plans

- Buckinghamshire system escalation framework with OPEL action cards to support Surge & Escalation
- Hospitals and community providers have Clinical Escalation Plans to ensure safety maintained when system under pressure

System approach to Winter Planning



Our Shared Challenge

- Increased demand & evolving healthcare needs leading to system pressure
- A growing population
- An ageing population

Understanding neighbouring system pressures

- Daily report from NHS England Winter Room South
- Operational liaison with neighbouring systems to ensure timely repatriations and discharges

Winter Analysis 2016/17 & Forecast 2017/18

- Comprehensive system review of last winter's activity levels, capacity & performance
- Day by day demand & capacity modelling for out of hours, hospital & out of hospital services
- Intensive forecasting & simulation – updated daily to identify & plan for peaks across providers including predicting demand for care packages

Service availability & capacity mapped for winter & detailed plan for Xmas/New Year

- Hospitals & ambulance services
- Primary Care
- Community Care & Continuing Healthcare (CHC)
- Social Care & Independent Care sector

Pre-hospital



NHS 111

- “Talk before you walk” (for non-medical emergencies)
- **Directory of Service (DoS)** – directs callers to the most appropriate local clinical setting

Ambulance

- Ambulance Response Programme (ARP) now being rolled out
- Telephone advice – Implementation of a Hear and Treat and See and Treat models
- Improved support for calls referred by paramedics to GPs - GP Triage

9

GP Access

- Increased on the day appointments and extended access (evening & weekend appointments) to GPs & other primary care professionals across groups of GP practices

Out of Hours GPs

- Staffing models applied to cope with predicted demand
- 4x4 visiting cars in place

Minor Injuries & Minor Illness Unit (MIIU) – Wycombe

- Always Open 24/7

Pre-hospital: Enhanced Community support to prevent admission & support discharge



Community Care Coordination Team

- health & social care single point of referral for re-ablement

Over 75s Projects

- Multidisciplinary teams for the complex, frail and elderly which are co-located within general practice for example **Wendover**

Community Assessment and Treatment Service (CATS) Thame & Marlow

- Local assessment, diagnostics & treatments to enable people to remain cared for at home
- multi-disciplinary team led by community geriatricians working with GPs to identify and support patients who, without an intervention, might soon require a hospital admission

Multidisciplinary Day Assessment Service (MuDAS) Wycombe

- CATs works in tandem with, and enhances the service currently provided by MuDAS

Urgent & Emergency Care (UEC) Transformation Funds: High Intensity Users (HIU)

- Project across Wycombe, Aylesbury Central & South Bucks building on Vanguard work
- Care co-ordinators with cluster duty doctors will plan for redirection to more appropriate services – including Mental Health, Prevention Matters, Assistive Technology, Lifestyle Services & local voluntary sector offers

Hospital



Hospitals

- Full workforce plan with additional medical & nursing cover at peak times
- Capacity Plans for all specialties including paediatrics, trauma & critical care
- Additional Rapid Assessment & Treatment clinical space for A&E from end of December – to reduce ambulance handover delays
- Ambulatory Emergency Care in place 7/7 until 10pm at Stoke Mandeville Hospital
- GP streaming 7/7 until 10pm being rolled out at Stoke Mandeville Hospital
- New acute medical model launched 5th December
- Focus on improving patient flow & management of bed occupancy levels
- On-site social care, CHC & community support

Psychiatric Liaison support on site 24/7

Mental Health Trust plans:

- Community crisis support
- Bed management
- Reduce Out of area placements

Hospital to Home – Improving Discharge



Health & social care working together to:

Implement earlier discharge planning

“Bucks Home First” model and roll out of **Discharge to Assess** to support care closer to home

Reduce Delayed Transfers of Care

Reduce delays by focus on medically fit & “stranded” patients across all providers, acute & community hospitals

Improve Support for self-funders

Independent family support & brokerage

Improve Continuing Healthcare (CHC) responsiveness

Enhance Health & Care Services in Care Homes

- Airedale project rolled out to more than 25 care homes providing remote access clinical support 24/7
- Quality & Care Team (QICT) support

Secure Voluntary Sector support for example:

- Home from Hospital – the Red Cross
- Support for Carers – Carers Bucks & the Carers Hub
- Stroke Association

Adult Social Care – Winter Assurance 2017

Current Position, November 2017

BCC ASC winter operations plan has been in place for 6 years and has been tried and tested. This has been proved to be operationally viable,. It is reviewed and updated annually.

This plan alongside with the Joint Social Care Emergency Plan highlights the key elements related to response and requirements for adult social care operations in emergency situations during the winter.

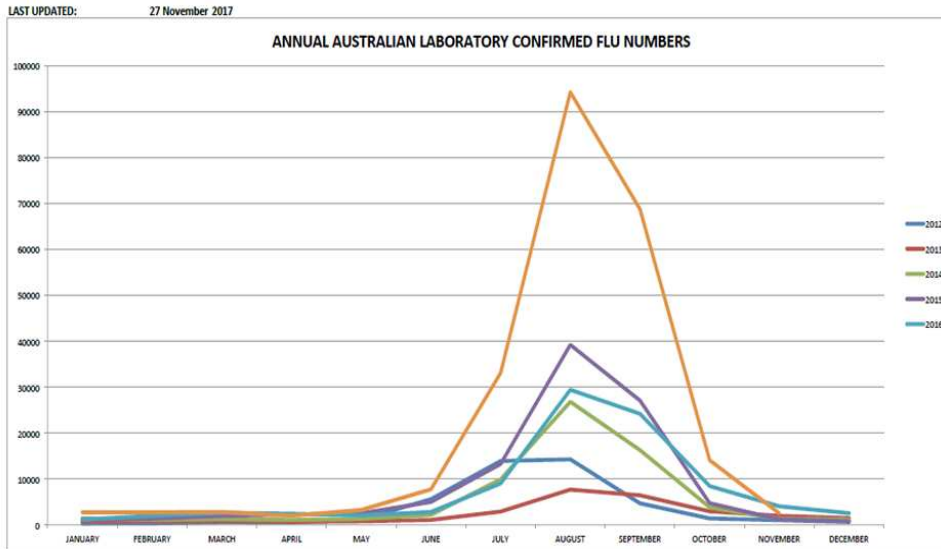
Plans that are currently in place to support resilience over the winter:

- ASC Business Continuity Plan
- Joint Social Care Emergency Plan (Adults & Children's)
- ASC Winter Plan
- BCC Strategic Winter Plan
- Joint Escalation Framework – Across Health & Adult Social Care
- NHS Cold Weather plan

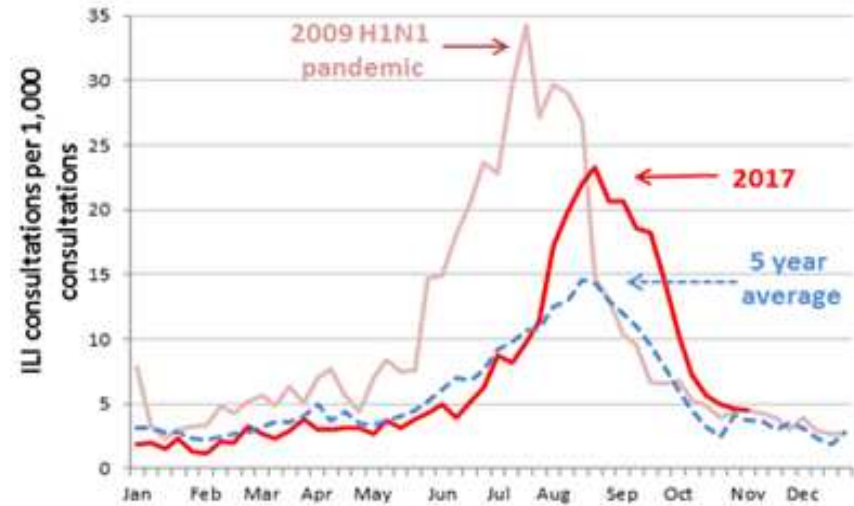
Flu

- Cold weather increases the risk of flu and other diseases.
- Groups such as older people, very young people, and people with serious medical conditions are particularly vulnerable to the effects of the cold weather.
- At the same time, there is also a risk of health and care staff shortages due to flu, travel disruption and caring responsibilities.
- The flu season in the Southern Hemisphere (Australia , New Zealand) was worse than usual this year with many hospitals struggling to deal with demand and the NHS is anticipating similar pressures on health and social care in the UK.

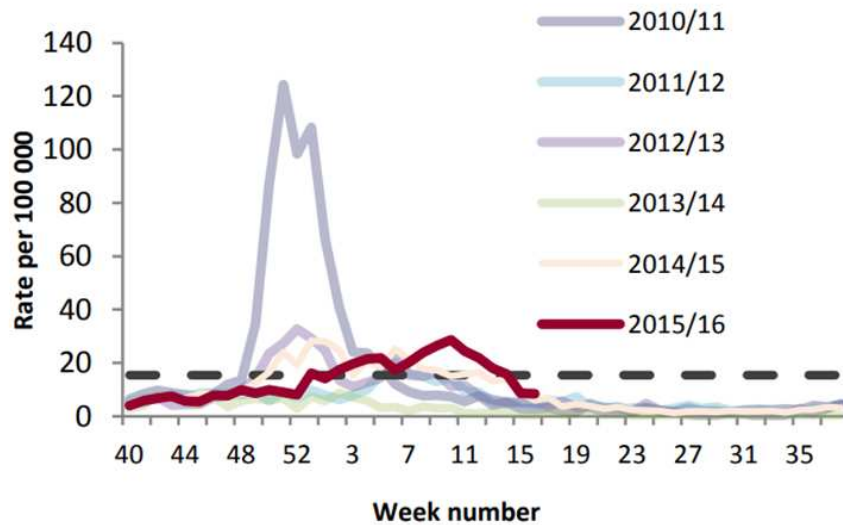
Australia: Flu Numbers (confirmed) 2012 – 2017:Monthly



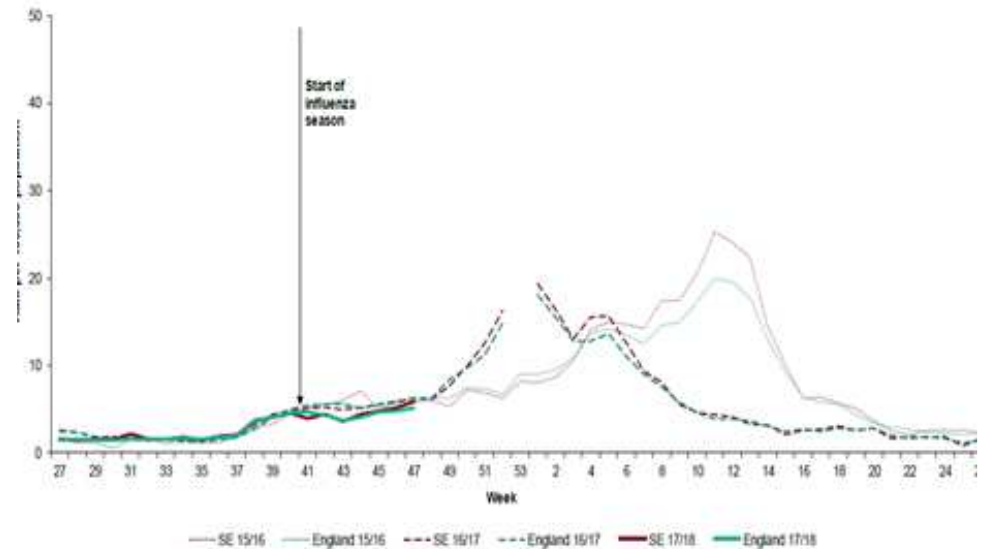
Australia: Influenza-like Illnesses (ILI) GP presentations - rate 2009-2017



England: Royal College General Practitioners (RCGP) ILI (Influenza-like Illnesses) consultations 2010/11 – 2015/16



RCGP ILI consultation rates South East, England



FLU - Comprehensive programme

Public Health, Department of Health & NHS England



Flu marketing part of the wider “**Stay Well This Winter**” campaign

- Promote vaccination amongst key target groups (the elderly, pregnant women, children, and those with long term health conditions)
- Improve awareness of the nasal spray among parents of 2–3 year olds

Protect yourself. Protect your patients. Have a flu vaccination “

- Flu Vaccination of Healthcare Workers in Primary Care, Trusts & CCGs
- Coordinated by Public Health, ASC have been offering funded flu vaccinations to their staff for the past 4 years, this year extended this to the whole organisation – uptake has superseded previous levels
- Multi-agency flu group & fortnightly teleconferences

Outbreak response for care homes

CCGs have an agreed pro-active procedure for when a localised outbreak of influenza has been identified and which meets national guidance and criteria

System Winter Communication Plan

Shared aims and objectives



PREVENTION	PREPARE	RESILIENCE
<p>Aim: Change public behaviour to help PREVENT pressures on our health and social care system during the winter period.</p>	<p>Aim: Build awareness of the work that the system is implementing to be PREPARED for the winter period.</p>	<p>Aim: Ensure health & social care partners work together to give consistent & timely messaging to residents during times of system pressure and/or bad weather.</p>
<p>COMMUNICATIONS OBJECTIVES</p> <ul style="list-style-type: none"> • Increase the % of people who get the flu vaccination. • Increase the % of elderly and frail, seeking advice from a pharmacist • Increase the number of people calling NHS 111 and using MIU • Increase % of parents/carers with young children seeking advice from a pharmacist and Health Help Now for minor ailments. • Encourage local resilience & support for community services through “Be a Good Neighbour” campaign. 	<p>COMMUNICATIONS OBJECTIVES</p> <ul style="list-style-type: none"> • Increase public understanding of how to stay well and how to best access health and social care services. • Ensure key media and stakeholders are aware of system actions to prepare for winter to ensure informed future reporting and maintain public confidence. 	<p>COMMUNICATIONS OBJECTIVES</p> <ul style="list-style-type: none"> • All partners to use owned channels to share consistent messaging. • Ensure people know how and where to access support. • Provide important and immediate messaging to support safety and infection control • Help to reduce unnecessary pressure on services.

Joined-up communication reduces duplication, increases clarity and amplifies our messages

KEY MESSAGES – we are prepared are you?

Health and social care services across have carefully planned for winter

Plans in place to support people at risk being looked after in their own homes
and

to enable people to leave hospital when they are medically fit

To ensure we treat people in greatest need as a priority we all can help:

- Please get a flu vaccination - We have offered more flu vaccinations than ever
- Pharmacies are great resources, staffed by healthcare professionals
- Get the medicines you need from the pharmacy before bad weather or holidays
- Please keep an eye out for elderly or infirm friends or neighbours

Check out other services like NHS111 or www.healthhelpnow.nhs.uk for health information and advice.

Remember to save A&E for serious and life-threatening conditions - But if it is a genuine emergency, don't delay – dial 999

Public Health England

NHS

Are you 65 or over?

Cold weather can make you more likely to catch a winter illness that could become very serious.

So if you start to feel unwell, even if it's just a cough or cold, seek advice from your pharmacist before it gets more serious.

STAY WELL THIS WINTER

nhs.uk/staywell

Sanjay Garwit, Pharmacist

Working together to create joined-up communication across the Bucks health and social care economy

Buckinghamshire County Council
 NHS Aylesbury Vale CCG
 NHS Chiltern CCG
 Buckinghamshire Healthcare NHS Trust
 South Central Ambulance Service NHS FT
 Bucks Urgent Care
 Buckinghamshire Local Pharmaceutical Committee

Campaigns:

HEALTH
help NOW.



when it's less
urgent than 999

STAY WELL
THIS WINTER

Be a Good



Neighbour

Just 10 days in hospital leads to the equivalent of 10 years' ageing in the muscles for people over 80.*



We've pledged to do everything we can to keep our elderly people safer, and out of hospital, where appropriate.

What will you do?

**NHS Aylesbury Vale and
NHS Chiltern Clinical
Commissioning Groups**

***Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci.2008**



**Report to Bucks Health +
Well-being Board
7 December 2017**

Fran Gosling-Thomas: Independent Chair

Introduction

- Role + responsibilities of the LSCB
- Membership + sub-groups
- Health + Social Care Act
- Summarise the key priorities + achievements during 2016/17 (in BSCB Annual Report)
- What we are now doing well
- Areas for improvement

Role + Responsibilities of the LSCB

- Since 2004 and until recently, all LA areas required to establish a LSCB. Which is:
- a multi-agency partnership responsible for co-ordinating local arrangements to safeguard and promote the welfare of children; and
- Ensuring that these arrangements are effective (via data, audits, surveys, reports)
- Particular focus on the effectiveness of Early Help services across the partnership

Role + Responsibilities of the LSCB ctd...

- Developing shared policies + procedures for safeguarding
- Raising awareness within communities of their responsibilities to safeguard children
- Monitoring + evaluating the effectiveness of the Board + the partners to safeguard children
- Undertaking reviews of serious cases and child deaths and advising the LA + partners on the lessons to be learnt

Health + Social Care Act (HSCA)

- Greater freedom + flexibility about local arrangements
- Key partners (LA, Police and Health) will need to consult and agree
- Learning from other areas/models
- Board has reviewed annually its own impact and performance
- Agreed to focus on sustaining + extending improvement in services + local arrangements, at least until after Ofsted
- Working Together Guidance out for consultation
- Opportunities to rationalise + sharpen partnership working

Top Priorities 2017/18:

- Early Help, Thresholds particularly Neglect
- Child Exploitation
- Child's Voice and Journey
- Workforce
- Impact + effectiveness of the BSCB Board

But also work on....

- Escalation
- Pre-birth assessment
- Fabricated + induced illness
- FGM
- E-safety
- Disguised compliance
- Prevent
- Child Protection Core Groups
- Domestic Abuse
- Children placed out of county
- Involving parents
- Escalation of concerns
- Health of Looked After Children
- Launched new BSCB website, CYP's zone
- Updating policies + procedures

Achievements: Early Help, Thresholds + Neglect

- ✓ Good external validation of threshold awareness
- ✓ Partnership contribution to Early Help Panels
- ✓ 934 staff attended multi-agency training
- ✓ Early help assessment tool for working with families
- ✓ Positive user feedback about impact for them
- ✓ Briefing sessions to raise awareness on neglect
- ✓ Neglect strategy + action plan

Workforce:

- ✓ Improving agency understanding of LADO
- ✓ Monitoring capacity at front line across services
- ✓ Ensuring domestic abuse notifications are shared with schools
- ✓ Improving LADO + IRO service
- ✓ Safer recruitment training + toolkit
- ✓ Multi-agency training well regarded, impact evaluation in place

Child's Voice + Journey

- ✓ Referrals to Early help appropriate
- ✓ Reduction in repeat Child protection Plans
- ✓ Improved attendance of partners at CP Conferences
- ✓ Strengthening Families framework
- ✓ Involvement of Youth voice
- ✓ Young People's zone in re-vamped BSCB website
- ✓ E-safety conferences with schools
- ✓ Audit reports include voice of child as standard
- ✓ Work with victims/survivors

Child Exploitation:

- ✓ 7,000 pupils seen 'Chelsea's Choice' performance
- ✓ Serious Case Review of CSE
- ✓ Work with parents (PACE)
- ✓ CSE awareness raising at school Parents Evenings
- ✓ Awareness campaigns
- ✓ Exploitation and transition to Adults Services
- ✓ Training for taxi + school transport drivers
- ✓ R U Safe + Swan Unit services
- ✓ Reduction in missing episodes

What is Working Well:

- ✓ Multi-agency training
- ✓ Increase in challenge + transparency
- ✓ Partnership engagement + accountability
- ✓ Vision + priorities
- ✓ Governance + sub-groups driving the work
- ✓ Distance travelled, need to maintain momentum for sustainable change
- ✓ Collective ownership of risks/issues
- ✓ Strong collaborative action
- ✓ Performance data + quality multi-agency audits
- ✓ Board infrastructure

Areas of improvement:

- Re-referrals to children's social care
- Parents getting to view CP reports
- Ensuring all schools receive DV notifications
- Capacity + resilience of MASH
- Need stronger focus on Neglect
- Updated Domestic Violence Strategy

Next steps

- Need to retain scrutiny + oversight of multi-agency working in any new arrangements
- Importance of independent element/lay input
- Maintaining focus on core safeguarding work
- Shrinking resources
- Differing Government Dept agendas
- Changing health landscape
- Not losing local footprint/focus