

Buckinghamshire Integrated Care System Winter Plan



06/11/2018 (Final)



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Key Objectives

To ensure that the Buckinghamshire integrated health and care system:

- Is **Resilient** throughout the winter period - providing safe, effective and sustainable care for the local population
- Has sufficient **Capacity** available to meet likely demands over winter
- Is able to deliver quality **Care** for Patients/clients in the most appropriate setting
- Is able to **Achieve** national and local access targets and trajectories across the system
- Is compliant with winter planning, national guidance and also includes the **pillars of urgent and emergency care**
- Has learnt from previous winters locally and from **other systems** and **applied best practice** to service delivery to ensure safe and effective patient flow
- Promotes **prevention** and supports self-care



Our Integrated System approach

System plan

- Developed by system partners & overseen by Buckinghamshire A&E Delivery Board
- Partner organisations' **detailed** winter resilience and adverse weather plans inform our overall system plan – planning is a continuous process so these continue to be tested and revised
- Comprehensive plan linked to:
 - 7 pillars in Urgent and Emergency Care (UEC) delivery Plan
 - Buckinghamshire Integrated Care System (BICS) Non Elective (NEL) demand management analysis
 - BICS Population Health Management review of Urgent & Emergency Care
- Informed by lessons learnt from last winter & multi-agency events to test system resilience
- Informed by national guidance & national planning events
- 1st cut plan submitted to NHS England 24/09; currently awaiting feedback

Winter Operating Model

Buckinghamshire Winter Team

- Winter Director interviews held 12/10/18.
- Named responsible directors from each partner agency and named operational leads (virtual team) from each partner agency
- Daily operational system leads call & weekly system director & CEO escalation

Local Escalation Plans & close liaison with regional/national NHSE/NHSI Winter Rooms

- Buckinghamshire system escalation framework with OPEL action cards to support Surge & Escalation – and a rolling system demand and capacity forecast



Bucks Winter Plan – on a page

<p style="text-align: center;"><u>Challenges</u></p> <ul style="list-style-type: none"> • Rising demand for health and care services • System performance: A&E, Ambulances & delayed discharges • Effective demand & capacity modelling across the system • Finite estate capacity • Finite staffing resources • Staff welfare & morale 	<p style="text-align: center;"><u>The Risks</u></p> <p>Demand</p> <ul style="list-style-type: none"> • Significant increase in flu • Significant adverse weather event • Significant variation in demand <p>Capacity</p> <ul style="list-style-type: none"> • Unable to deliver Length of Stay (LoS) reductions • Independent sector capacity unable to flex & meet demand • Major staff shortages <p>Financial</p> <ul style="list-style-type: none"> • Risk to individual system partners if joint funding not agreed for initiatives such as Discharge to Assess (D2A) 	<p style="text-align: center;"><u>Improved system planning and co-ordination</u></p> <ul style="list-style-type: none"> • We have been planning all year • An integrated system Winter Plan • Organisational winter plans • Winter Operating Model: shared system winter team approach to manage demand & capacity • Escalation triggers & protocols to manage surge pressures • “Fabulous Fortnight” system reset • Winter projects funded by additional investment • Communications strategy
<p style="text-align: center;"><u>Improved resilience</u></p> <ul style="list-style-type: none"> • Adverse weather plans including 4x4 vehicles plan • Preparedness for Flu: comprehensive targeted all-age flu vaccination programme & outbreak response • Promotion of alternatives to A&E (where clinically appropriate) • Enhanced support to care homes • Support for self-funders 	<p style="text-align: center;"><u>Improved capacity</u></p> <ul style="list-style-type: none"> • More sensitive forecasting of demand & capacity requirements • Additional space & medical beds • Additional & more flexible workforce for peak times • Extended access to primary care • Support from voluntary sector • Increased independent sector capacity & Discharge to Assess 	<p style="text-align: center;"><u>Key Messages</u></p> <p>Prolonged stays in hospital lead to loss of independence & de-conditioning in older people - <u>HOME FIRST ETHOS</u></p> <p>Remember to save A&E for serious and life-threatening conditions and use services like 111 or www.healthhelpnow.nhs.uk for health information and advice</p>



Lesson learnt from last winter

National: NHS England Delivering resilient services for winter (and beyond) September 6th 2018.

- **NHS 111** – well used and able to direct patients to range of appropriate services – **additional clinical resource secured**
- Focus on frequent users of A&E: **high intensity user project live aimed at supporting/reducing attendances**
- **Focus on better use of hospital beds:** improve flow, tackle delays & improve discharge – **NHSI support plan**
- Increase Flu vaccination programme – **Robust programme in place** (see slide 23)

Regional: NHS England winter planning exercise ‘Bruma’ event September 25th 2018.

- **Workforce challenges** – ensure effective system resilience is in place particularly over the weekends and bank holidays
- **Ensure pro-active comms messages:** NHS111, GPs and all other key partners about clinical alternatives to A&E
- Encourage “**safe at home**” and “**home first**” messages
- Ensure **effective cross-system working** & support (STP & beyond)

Local: Bucks system “winter wash up” event May 14th 2018

Local: BHT led Urgent care workshop 28th June 2018 & system winter exercise Sept 2018.

- Need to use system intelligence more to forecast building pressure and ensure response interventions are activated:
Bucks winter operating model will be in place Nov 2018
- System under greatest pressure when hospital flow slows and patients wait for beds:
Multidisciplinary action team to improve discharge process – in place October 2018
- Discharge to assess to be based more on ‘home first’ principles and transition to a sustainable offer not a winter project
New model for roll-out in November 2018
- Hospital and Ambulance provider to work closely to help reduce ambulance handover delays:
New assessment area & new ways of working in place and improvements sustained
- More effective support to Bucks patients who interface with Frimley healthcare economy:
South Bucks project in place and includes enhanced recovery support at home initiative



Draft Bucks Winter Operating model

Team and Location

Operations Team Daily

Organisation	Bronze		Silver	
	Role	Name	Role	Name
CCG	System Resilience Manager	Matthew Lynock	Head of Urgent Care	Gary Passaway
BHT	Site team	Rotational	Head of clinical site management	Chris Smith
ASC	Business Support Manager	Cynthia Tapping	Head of Service	Tom Chettle
SCAS	Operations Lead		Head of Operations	Mark Begley
OxH	TBC	Natalie Cleveland	Service Manager (NC)	
RRIC ACHT	Service Manager	Helen Hallett	General Manager	Laura Isard
Fedbucks	Service Manager	Calls-in by exception	General Manager	

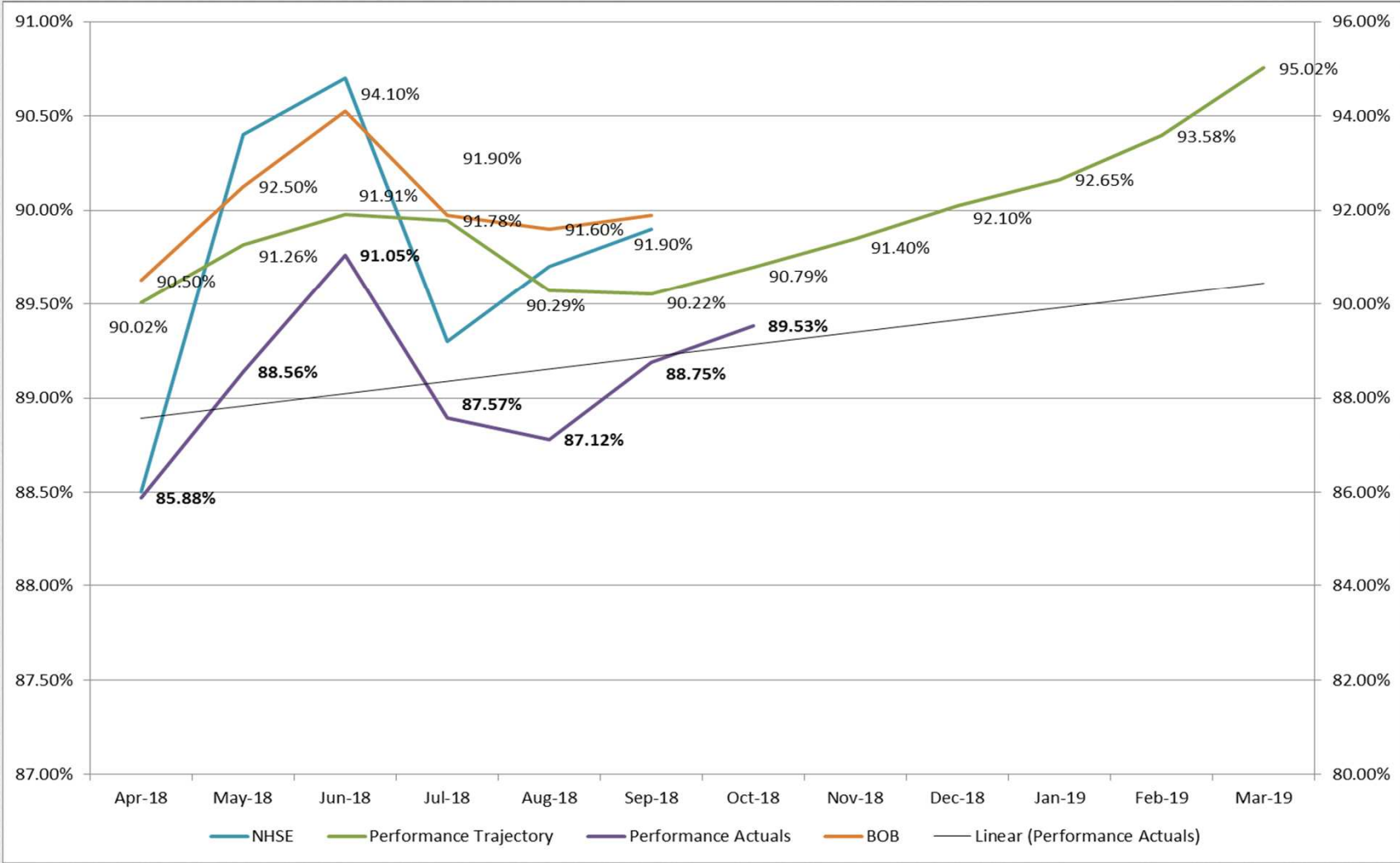
Weekly

Organisation	Gold - Directors
	Name
Bucks Winter Director	TBC
ASC	Karen Jackson
BHT	Natalie Fox
BHT	Jane Dickinson
SCAS	Mark Ainsworth
OxH	Pauline Scully
FedBucks	Dr Asma Ali
CCG	Debbie Richards

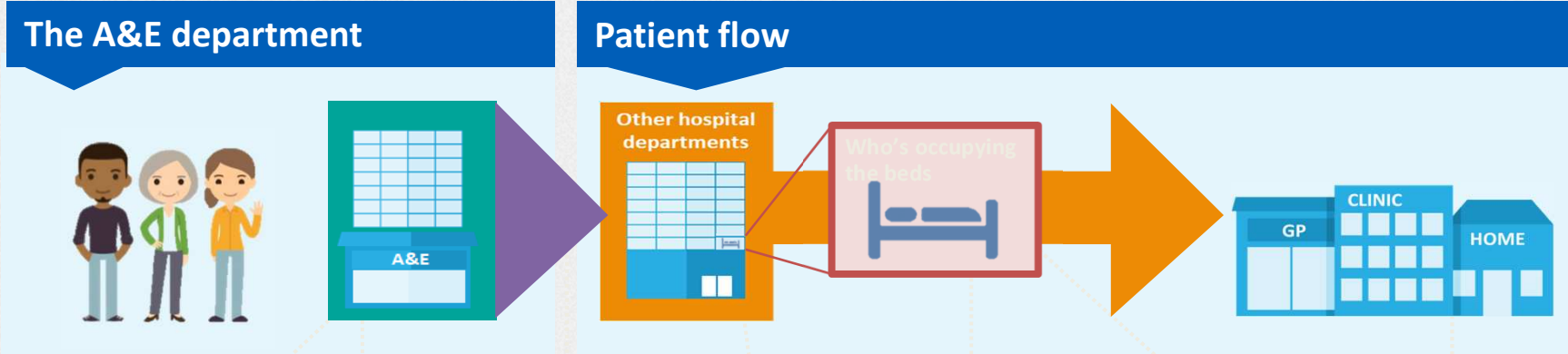
- Under the direction of the Winter Director, we are planning a multi-agency winter team onsite presence at Stoke Mandeville with support as required to other health & care services with cross system/border support
- The model will also operate within a command and control methodology during times of significant system challenge
- The winter director will liaise with NHSE/I winter rooms and when required the WOLF (Winter Operating Look Forward) calls



Operational performance: BHT 4 hour standard



Summary of factors impacting performance:




Key factors

Workforce	Resilience	Admissions	Bed occupancy	Flu	Long stay patients	Discharges
<ul style="list-style-type: none"> 50% vacancy rate for A&E consultants. GP streaming reliant on locums 18% registered nurse vacancy 	<ul style="list-style-type: none"> Implement capacity modelling Create capacity to flex for surge Flexible use of staff Standard Operating procedures 	<ul style="list-style-type: none"> Increase in emergency admissions (NEL) relates to implementation in appropriate clinical pathways i.e. Ambulatory Care, Observation Unit 	<p>Rising occupancy reduces performance, with accelerating effects above 92%. Quarter 3 2017/18 bed occupancy peaked at 96% and A&E performance dropped to 82%</p>	<p>National picture highlighted that 1/3rd of the growth in emergency admissions came from flu in winter 17/18</p>	<p>Long stay patients can decrease performance by reducing bed flexibility. Over 4% of patients have an average length of stay (ALOS) of > 21 days</p>	<p>Average Length Of Stay (ALOS) for NEL 7.4 days which is above national average</p>



System analysis and forecasting

Forecasting: Key focus on being able to forecast the number of discharges required and admissions expected. The **admission/discharge trigger** which can help in planning how capacity can be met. E.G. on average in August the trigger value was -10 per day (i.e. on average each day there were 10 more admissions than discharges). -4 or less is regarded as the target to aim for, otherwise the adverse position can lead to use of escalation beds and paralysis of flow.

NHS Buckinghamshire System alamac 

Daily Forecasting Report: 10Sep18

Forecasting Requirements

	-----Forecast-----																
	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	11-09-18	12-09-18	13-09-18	14-09-18	15-09-18	16-09-18	17-09-18	18-09-18	19-09-18	20-09-18	21-09-18	22-09-18	23-09-18	24-09-18	25-09-18	26-09-18	27-09-18
Predicted Attendances	208	226	215	221	216	213	255	220	239	227	233	228	225	260	225	244	232
Predicted Admissions	39	47	47	44	38	33	49	42	50	50	48	40	36	52	45	53	53
Predicted Discharges	32	33	34	33	26	24	35	35	36	37	36	29	26	34	34	35	36
Extra Discharges Required - Total	3	10	9	7	7	6	10	3	10	9	7	8	6	14	7	14	13
Extra Discharges Required - Medicine	1	0	0	4	4	3	5	1	7	7	4	4	3	0	3	0	10
Extra Discharges Required - Surgery	1	2	1	1	1	1	2	1	2	1	1	1	1	3	1	3	2
Discharge Pathway - ASC	4	4	4	4	3	3	4	4	4	4	4	3	3	4	4	4	4
Discharge Pathway - Community	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2

	-----Forecast-----													
	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	28-09-18	29-09-18	30-09-18	01-10-18	02-10-18	03-10-18	04-10-18	05-10-18	06-10-18	07-10-18	08-10-18	09-10-18	10-10-18	11-10-18
Predicted Attendances	238	233	230	266	230	250	237	244	238	235	288	232	252	239
Predicted Admissions	51	43	38	56	48	57	54	46	40	57	48	58	58	46
Predicted Discharges	35	28	23	32	32	33	34	33	26	24	33	35	36	37
Extra Discharges Required - Total	11	11	9	19	11	20	19	17	15	13	18	9	18	17
Extra Discharges Required - Medicine	6	6	4	9	6	13	13	8	8	6	8	5	12	12
Extra Discharges Required - Surgery	2	2	2	4	2	4	2	3	3	2	4	2	3	3
Discharge Pathway - ASC	4	3	3	4	4	4	4	4	3	3	4	4	4	4
Discharge Pathway - Community	2	2	2	2	2	2	2	2	2	1	2	2	2	2



Bed Capacity: Model variables – A Tool for Winter

A high level bed model has been developed with BHT to support scenario planning in relation to bed capacity. The model contains many variables that can be adjusted to test impacts of changes on bed capacity.

Bed stock: Emergency Care Beds, elective beds and community hospitals.

Length of Stay can be specified in the model.

Custom and entering the anticipated length of stay (LOS) and the anticipated change to LOS from the ICS wide schemes can be modelled here.

LoS: Model	▼	NEL LoS	Elect LoS
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Bed Occupancy. The baseline for Buckinghamshire Hospitals NHS Trust (as an example) has been set at 92% to reflect previous levels.

Occupancy	92%
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Volume of Activity within the model reflects expected 2018/19 activity. It is possible to change this for both elective and non-elective increasing or decreasing activity for all specialties. Anticipated changes to demand profile can be made to better predict demand and further impact of the ICS wide schemes.

KEY MESSAGE IS THAT WE DO HAVE ENOUGH BEDS FOR WINTER PROVIDED WE USE THEM WISELY AND TACKLE DELAYS



Analysis of non-elective demand – Summary

A&E activity in Buckinghamshire is 10% less than national average per population (2016/17)

Conversion of attendance to admission was 2% less than the national average in 2017/18 at 26%

Since last winter we have been working to better understand and manage our demand as a system. The latest available data (April – September 2018) compared with last year indicates that:

- Overall A&E attendances have increased by 7% - **but** more people are being seen in GP streaming (up 10%) and in our UTC in Wycombe (up 6%). In the A&E, Type 1 attendances have decreased by 7.1%
- Overall Emergency admissions (NEL) have increased by 8.1% - **but** 0 Day Length of Stay (LOS) admissions at 18.1% have increased due to successful implementation of Ambulatory Emergency Care (AEC) 7/7 and Observation/Assessment Units
- 56% of all emergency admissions had a short length of stay of 0-1day. 40% have a 0 day length of stay; nationally this is 32%
- The Average Length of Stay for NEL admissions is 4.5 days; this includes admissions to AEC and assessment units, **excluding these the Average Length of Stay is 7.4 days – this is an area for ongoing priority action for the system.**



Non Elective Demand Management Programme

We have initiated a comprehensive non-elective (NEL) demand management programme which focuses on:

1. **Avoidable attendances to A&E** - ambulance conveyances, maximisation of ambulatory emergency care (AEC) & community based services, improved support to care homes, GP streaming
2. **Avoidable non-elective admissions** - improved management of End of Life (EOL), delirium pathway, respiratory pathways, orthopaedic (MSK) pathways
3. **Supported discharge** - discharge to assess, reduction in excess bed days, CAREfully programme

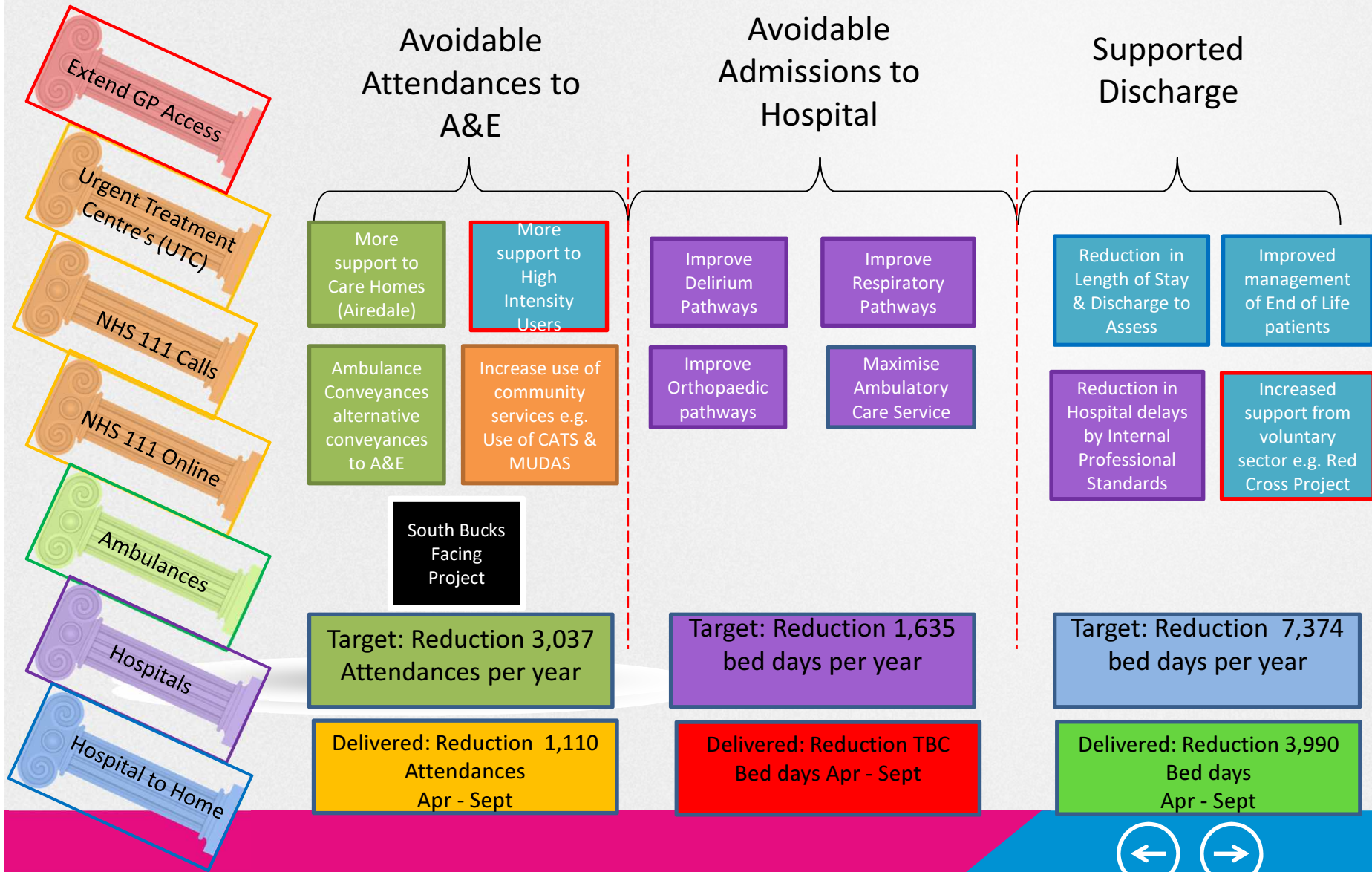
Outcomes are addressed through resolving four key lines of enquiry:

- What can be done in the primary care or community settings to manage non elective demand?
- What can be done to decrease the numbers of admissions and requirement to remain in hospital for diagnostic and ongoing treatment?
- How can non-bed based services be utilised to support delivery?
- How can efficiency be improved by reducing variation and overall demand and what are the resultant effects on savings and cost to the system.



NEL Demand Management – System Priority

Areas for action & progress to date



Avoidable Attendances to A&E

NHS 111 – in place

Encourage public to “Talk before you walk” (for non-medical emergencies).

Directory of Service (DoS) refreshed and updated to ensure callers are directed to the most appropriate local clinical setting.

Integrated Urgent Care (IUC): Capability to adjust ‘live’ capacity when services are under pressure

Direct booking into UTC and Out of Hours GPs

Increased clinicians working in 111 service for winter

NHS 111 Online – New offer recently launched

Reducing pressure on 111 and OOHs as 111 Online directs patients to appropriate service

Ambulance

Ambulance Response Programme (ARP) is now fully established- **Improved Bucks performance**

Telephone advice – Implementation of a Hear and Treat and See and Treat models

Improved support for calls referred by paramedics to GPs - **GP Triage sustained increase in uptake**

CAT 3 & 4 shift of activity to A&E alternatives – **Audit & plan worked through by system clinical group**

Continued focus on Hospital Handover delays – **Improved BHT performance sustained**

Winter project: Urgent & Emergency Care (UEC) Transformation Funds – in place

Schemes to support South Central Ambulance Service (SCAS) improve non-conveyance of ambulances with expansion of the Berkshire West **pilot falls service** across Oxfordshire and Buckinghamshire, where a paramedic and Senior Occupational Therapist are available in a car to visit patients who have fallen, assess them and then make links with rapid response community services to support the patient at home.



Avoidable Attendances to A&E

Extending GP Access (Improved Access to General Practice) – October 2018

- A new and improved service to access GP appointments launched in Buckinghamshire on 1st of October (providing 270 extra hours per week)
- Available to all patients registered with a Bucks GP. This service involves local GP practices working together to offer patients better access to appointments in a **local** practice:
 - Up until 8pm from Monday to Friday. Selected hours on a Saturday
 - 9am until 1pm on Sunday (at one of the three Improved Access Hubs located across the county)

Urgent Treatment Centre – Wycombe General Hospital – new local provider in place

- Designated Wave one site and Open 24/7, 365 days a year.
- Direct booking from NHS 111 in place
- **Activity increase (6.3% compared to previous year) and consistent achievement of 4 hour standard in first six months of new service**

Community Assessment and Treatment Service (CATS) Thame & Marlow

Focus on greater utilisation to enable more patients to receive local assessment, diagnostics & treatments enabling more people to remain cared for at home; to support, Consultant Connect project will be in place in November.

Multidisciplinary Day Assessment Service (MuDAS) Wycombe

- CATs works in tandem with; and enhances the service currently provided by MuDAS.
- **Activity up by 58% comparing April – Aug 2017 to same period in 2018**

Enhanced Health & Care Services in Care Homes

- Airedale project rolled out to more than 30 care homes providing remote access clinical support 24/7
- Red Bag scheme – enables smoother transfers between care homes and hospitals – **Launch in November, 2018.**
- Quality in Care Team (QICT) & Medicines optimisation support in care homes – **Bucks pilot extended for winter**
- Promotion of advanced Care plans
- **NEL admissions from care homes have reduced by 6.8% April –Aug 2018 compared to April-Aug 2017**



Avoidable admissions to Hospital

In Hospital – BHT priority actions

- Implementation of whole Trust ownership approach to management of urgent and emergency care pathways and delivery of Safe patient flow with support from partners
- Implementation of capacity and demand modelling to ensure sufficient beds at predicted peaks
- Support discharge planning
- Effective utilisation of available staffing resources – realignment of job plans and rotas; re-focus role of physicians as part of the Emergency care team aligning acute and emergency care
- Frailty at the Front Door
- Effective utilisation of available estate and workforce to maximise GP streaming and ambulatory care (increasing ambulatory care activity from 23% to 35%)
- **Year to date NEL admissions up 8.1% BUT admissions >24 hours = 1%**

Psychiatric Liaison support 24/7 – in place

- The Psychiatric in Reach Liaison Service (PIRLS) is delivered by Oxford Health & provides psychiatric liaison 24/7. Team provide on-site assessment service to Stoke Mandeville Hospital between the hours of 08.00-20.00hours and an out of hours service. The - **1 hour response time standard consistently achieves >95%; decision < 4 hours is 53%**
- Challenges are waits for Approved Mental Health Professionals & waits for beds, although 83% are discharged home from A&E
- PIRLS also provide support to wards and staff training
- This winter we have added the Bucks Safe Haven which is an out-of-hours crisis support space run by Bucks Mind in partnership with Oxford Health.



Supported Discharge

Urgent & Emergency Care (UEC) Transformation Funds: winter project

- Long stay patient reduction project to support the earlier discharge of patients, including a Multi Disciplinary Team (MDT) focus on stranded patients.

Community Care Coordination Team (CCCT)

- Health & social care single point of referral for re-ablement – work progressing to integrate Rapid Response Intermediate Care (RRIC) team and BCC led re-ablement team

Implement earlier discharge support for Bucks residents:

- Buckinghamshire County Council leading a system Discharge to Assess (D2A) service model for roll-out in November. This model will provide a more sustainable approach, ensuring best use of system resources & that opportunities within the Better Care Fund (BCF) are maximised.

Reduce Delayed Transfers of Care (DToCs):

- Reduce delays by focusing on medically fit & long stay patients **across all providers**, acute & community hospitals and mental health
- Escalation process for Long stay patients and a weekly Clinical and operational Directors led call focusing on top 20 long stay patients
- Improved support to Wexham Park, Oxford & Milton Keynes
- **Not yet achieving national ambition but month on month reduction in Q2 2018**



Supported Discharge

Adult social care – additional winter funding announced to enable further reductions in the number of patients in hospital that are medically fit

- Plan being drafted by BCC – not yet agreed with system partners so not in the ICS plan

Independent family support & brokerage and Self Funders

- Brokerage team in place to support families in arranging either a placement or a Package of Care outside of the acute hospital.

Continuing Healthcare (CHC):

- Work to improve responsiveness & patient experience; new provider in place & **additional clinical support on site at BHT**
- Plan to increase the number of assessments in the community (and out of hospital)

Secure Voluntary Sector support

- Home from Hospital – the Red Cross led service.
- Additional Red Cross support with national & local funding for winter to support long stay patients being returned home
- Support for Carers – Carers Bucks & the Carers Hub

South Bucks Project

- Improved system support & responsiveness to Wexham Park Hospital
- Winter project: Enhanced Recovery & Support at Home
- South Bucks locality GP lead to improve community support to focus on avoidable attendances & admissions



Children & Young People (CYP)

Most of our system work is focussed on adults & children.

Additionally, we have a system clinical group working across all providers that looks at CYP demand and informs more targeted work, for example:

- Common illness leaflets have been refreshed/reviewed and distributed to BHT, Frimley, CCG (for GP, pharmacies use), and partner CCGs
- Raise awareness of prevention/self management with parents: Group having representation at Children and babies nearly new clothes sale event on 3rd November; objective to discuss common illness interventions, promote flu vaccine
- Comprehensive flu vaccine programme through schools (detail under flu slide)
- Flu vaccine being offered to children attending asthma and diabetes clinics in children's outpatients this winter – part of the “**make every contact count**” campaign. This also provides another option if a child has missed at school or unable to get to GP

An example of innovative practice:

Asthma Bus: Promotion bus visiting schools across Bucks with an aim to pro-actively target asthma management and reduce the costs associated with non-elective admissions at this time of year. This was led by a paediatric respiratory specialist nurse, a school nurse and a volunteer from Asthma UK



Cross border support

South Bucks Project – specific actions to support Wexham Park Hospital (WPH)

- Enhanced Recovery at Home service – pilot service for this winter, building on South Frimley learning, to ensure patients are discharged home earlier from WPH
- GP discharge lead (funded by CCG) on site at Wexham Park Hospital, supporting patient flow and effective repatriation home/closer to home
- Additional Occupational therapy (OT) support to WPH during the winter period – timely therapy input and liaison to support earlier discharge
- Sustain improved access to Bucks Community Hospital beds (minimum target of 10)
- D2A (domiciliary care & beds) – to provide a step down option
- Dedicated clinical lead and commissioning manager for South Bucks/Frimley facing
- More coordinated community health, social care & CCG support to improve discharge with key staff now using the shared 'IRIS' office at Wexham Park Hospital

Milton Keynes Hospital

Bucks ICS now have a named discharge co-ordinator onsite at **Milton Keynes** hospital to support flow back to Bucks.

Oxford University Hospital

Good links also exist with the **Oxfordshire** system and escalation processes to reduce delayed transfers of care & repatriations have been shared and adopted in Bucks.



Prevention messages

People with pre-existing medical conditions such as Asthma, and Chronic Obstructive Pulmonary Disease are at greater risk of harm from cold weather and can see exacerbation in their conditions leading to increase demand for health services in primary care, A&E attendances, hospital admission and community services and residential/Nursing care placement.

Targeting those with known risk factors to engage in prevention services such winter warmth, self-care, and improved lifestyle choices such as smoking cessation can help reduced demand for Health Care services during winter. Evidence shows that:

- A quarter of all patients occupying beds in acute hospitals smoke
- Nationally in 2016/17 there were estimated to be 484,700 hospital admissions attributable to smoking. This is up from 474,300 in 2015/16 (an increase of 2%), and from 444,700 in 2006/07 (an increase of 9%).
- 22% of all admissions for respiratory diseases, 15% of all admissions for circulatory diseases, and 9% of all admissions for cancers, were estimated to be attributable to smoking
- In 2016 there were estimated to be 77,900 deaths attributable to smoking.
- 37% of all deaths for respiratory diseases, and 26% of all deaths for cancers, were estimated to be attributable to smoking



Recommended Actions

Health and care service providers should be supported to reduce winter-related harm by, for example:

- supporting front line staff to remain fit and well during winter, for example staff flu immunisation programmes
- Promote smoking cessation among all at risk groups who smoke by referring people to local smoking cessation services.
- promote our shared winter related health messages widely
- supporting GPs, district nurses and social workers to identify vulnerable patients and clients on their practice lists, by providing them with toolkits and sharing examples of good practice
- exploring how other services that may have contact with vulnerable groups (eg fire services undertaking home safety checks) should refer people to winter warmth initiatives
- ensuring midwives, health visitors, community health practitioners and school nurses provide advice to parents with young or disabled children about the risk of exposure to low indoor temperatures and heating homes appropriately and affordably.



Flu

Flu awareness is part of the wider “**Stay Well This Winter**” campaign. Key messages include

- Promote vaccination amongst key target groups
- Improve awareness of the nasal spray among parents of 2–3 year olds and those in school years Reception to Year 5 (Bucks reported above the national average in 2017/18)

Staff facing campaign “**Protect yourself, Protect your patients. Have a flu vaccination**”:

- **Flu Vaccination** of Healthcare Workers in Primary Care, Trusts & CCGs (Target of 75% uptake this year)
- Bucks County Council offer vaccination for all their internal staff and those working in its commissioned services (e.g. Carers in Nursing Homes)
- Activity is overseen by a Multi-agency flu group & fortnightly teleconferences

Outbreak response for care homes

CCGs have an agreed pro-active process for when a localised outbreak of influenza has been identified and which meets national guidance and criteria. This involves working collaboratively with Public Health England and primary care teams.



Flu Vac uptake among school children in Bucks 2017/18

- The school based immunisation programme was extended to include children in year 4 for the 2017/18 season and uptake in all age groups is above national averages
- For 2018/19 the vaccination programme is being extended to include Year 5 children too (i.e. those aged 8 by 31st August 2018). 17/18 uptake below.

Year group	Total pupils	Bucks % uptake	England % uptake
Reception year (4-5 year olds)	6,742	68.1%	62.6%
School Year 1	6,988	65.5%	60.9%
School Year 2	7,154	65.9%	60.3%
School Year 3	7,081	60.8%	57.5%
School Year 4	6,933	58.7%	55.7%



Flu vac staff uptake across partners

Provider	2017-18	2018-19 75% target uptake to date
Buckinghamshire Healthcare NHS Trust	60%	40%
Oxford Health Foundation Trust	51%	No data as yet
Hertfordshire Partnership Trust	57.9%	No data as yet
Frimley Health NHS Trust	71%	No data as yet
Milton Keynes University Hospital	78.1%	No data as yet
Primary Care	Data is uploaded onto ImmForm and monitored by NHSE and the CCG – currently a problem with data upload from EMIS, this is being worked on nationally. Population and primary care staff uptake is monitored through this route.	





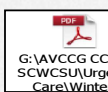

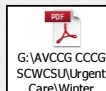

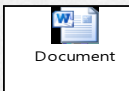
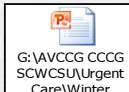

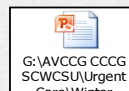

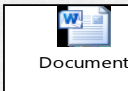


Infection control

- Stoke Mandeville Hospital has recently been seriously affected by Norovirus. SMH is being fully supported by partners in their outbreak control processes.
- The system response has been positive and once the incident has been concluded there will be a review so that learning can be shared & further inform this winter plan
- Norovirus is circulating in the community a little but not large numbers.
- Winter guidance including advice on norovirus and flu has been prepared by Public Health England (PHE) and has been circulated to care homes and schools



Provider Plans that underpin our system plan

Service	Organisation	Plan - Inserted	LAE DB Organisational lead	Agreed and signed off by organisation
Acute and community Trust	Buckinghamshire Healthcare Trust	 Document  G:\AVCCG CCGG SCWCSU\Urgent Care\Winter 	Jane Dickinson	Yes
Ambulance	SCAS 999	 G:\AVCCG CCGG SCWCSU\Urgent Care\Winter  G:\AVCCG CCGG SCWCSU\Urgent Care\Winter	Mark Begley	Yes
111 and patient transport	SCAS 111/IUC & PTS	 G:\AVCCG CCGG SCWCSU\Urgent Care\Winter  G:\AVCCG CCGG SCWCSU\Urgent Care\Winter 	Lynda Lambourne	Yes
Mental Health	Oxford Health	 Document	Pauline Scully	Yes
Continuing healthcare	Oxford Health	 G:\AVCCG CCGG SCWCSU\Urgent Care\Winter  G:\AVCCG CCGG SCWCSU\Urgent Care\Winter	Pauline Scully	Yes
Adult Social Care	Buckinghamshire County Council	 G:\AVCCG CCGG SCWCSU\Urgent Care\Winter  Document	Karen Jackson	Yes
Out of Hours and urgent treatment centre	Fed- Bucks	 Document	Dr Penny MacDonald	Yes



Provider highlights:

Buckinghamshire Healthcare Trust (Acute and Community)

- Extending the Emergency Observation Unit (EOU) to facilitate extra capacity
- Frailty at front-door
- Consultant Connect – reduced conveyances & admissions - maximising the Silverphone
- Greater use of the Discharge Lounge
- Improved GP Streaming
- Executive ward sponsors throughout winter
- Maximising capacity at the Wycombe hospital site for elective pathways.
- Demand and capacity and forecast bed modelling
- Planning discharge with patients and families on admission to support patients leaving the hospital in a timely and dignified fashion.
- Ensuring a robust community response (MuDAS, CATS, RICC, ACHT, CH, CCCT)
- Support and well being initiatives for our staff
- Robust 24/7 on call process with Gold presence on site at the weekends
- Cold weather plan for the acute and community services
- Recruitment of key members of clinical and support staff
- Flu Plan



Provider highlights:

Buckinghamshire County Council

- Emergency Plan in place – joint with Children’s services
- Winter Plan and Business Continuity Plan in place and updated September 18
- The Emergency Social Work team is operational out of usual working hours and over bank holidays and weekends, hosted by Children’s Services.
- ASC have a duty manager rota in place 24/7/365, managed and maintained by ASC resilience
- 7 day working at Stoke Mandeville Hospital has been in place for almost 2 years and continues to support BHT
- The co-ordination of the Flu vaccination of care homes staff and community based services across Buckinghamshire has been launched
- Cold weather plan: ASC resilience will communicate all changes in weather alerts and reaffirm the expectations
- In place is an agreed escalation process (Operating Escalation Level, OPEL) across the system to facilitate appropriate actions for any given incident or business continuity position. The OPEL framework; partner actions cards were reviewed in September 2018 by all stakeholders involved.



Provider highlights:



South Central Ambulance Service – 999, 111 and Patient Transport

Reviewed and amended the winter resilience plans in preparation for the pressures and challenges we can expect (999, 111 and Patient Transport)

Continue to review plans and have work streams ongoing to minimise any shortfalls, along with a bi-weekly conference call to review work streams, actions and any other valuable intelligence including:

Incident Control Rooms (ICRs): Activation, Staffing and membership and telephony

Fleet including 4x4 Vehicles: Volunteer and staff database updated: Staff Owners, location and access

Review of existing plans / procedures

- Incident Response Plan
- Demand Management Plan
- REAP (Resource escalation Action Plan)

Workforce planning for winter in all Directorates is well on the way and nears completion to include 111, PTS and 999 services

Contracts with Private providers have already been issued to provide shortfalls to include Christmas and New Year's Day

SCAS will provide a business as usual approach throughout the winter and specifically during the Bank Holidays



Provider highlights



FedBucks

- Increased staffing model for winter months
- On call team supporting Opel framework available 24/7 providing clear escalation processes and links to join all systems calls – compliant with policy and guidelines
- Attendance to all relevant winter planning calls with system partners – ensuring a system-wide response
- Recruitment campaign both clinical and operational – looking to recruit additional contracted and bank operational staff by end of December 2018, clinical recruitment remains ongoing.
- Improved Access is delivering 270 extra hours appointments per week
- Promote and run regular Flu clinics to all staff
- Challenge staffing models to utilise ANP's and UCP's onto our Out of hours rota – Multi skilled workforce model
- Assist where possible with admission avoidance by home visiting rather than 999 response
- Introduction of EPS to assist with peak pressure and avoid unnecessary base appointments
- Weekly FedBucks winter planning calls from October covering : Rota fill including weekend either side of holiday period, winter equipment needed in all cars and bases, ensure business continuity plans are up to date, resilient and all staff compliant, including adverse weather plans, staffing resilience model



Provider highlights

Oxford Health (Mental health and Continuing Healthcare)

- Cold/Adverse weather plan agreed and updated
- Major incident plan in place
- Director on call response manual in place
- Business continuity plans updated
- System pressure response updated and based on OPEL framework
- Escalation processes in place
- Planning in place to ensure packages of care are in place for continuing health care over the festive period

Communications Plan

PREVENTION

Aim:
Change public behaviour to help PREVENT pressures on our health and social care system during the winter period.

COMMUNICATIONS OBJECTIVES

- Promote use of NHS 111, 111 online and Health Help Now app to encourage people to use them when they have an urgent, but non-life-threatening medical need so that they can be directed to the most appropriate service
- Increase uptake of flu vaccines amongst target groups
- Encourage people to visit their community pharmacist when they begin to feel unwell and before it becomes serious

PREPARE

Aim:
Build awareness of the work that the system is implementing to be PREPARED for the winter period.

COMMUNICATIONS OBJECTIVES

- To better inform and educate the media and general public on what the local health and social care organisations plan to do to prepare for winter
- Promote Help us Help You to build understanding on how to stay well and access the most appropriate health and care services

PERFORMANCE

Aim:
Ensure the health and care system responds to all reputational issues associated with PERFORMANCE during the winter period in a co-ordinated and credible way

COMMUNICATIONS OBJECTIVES

- 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



Communication strategy

Working together as an ICS to deliver joined-up communication across Bucks

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

Buckinghamshire County Council
NHS Buckinghamshire CCG
Buckinghamshire Healthcare NHS Trust
South Central Ambulance Service NHS FT
FedBucks
Oxford Health NHS Foundation Trust
Buckinghamshire Local Pharmaceutical Committee

Comms resources

Printed materials

Leaflets promoting flu vaccination to be placed in council buildings and libraries and distributed to nurseries, children centres etc.

GP pack and pharmacy pack sent to all GPs and pharmacies including posters, leaflets

Social media

All partner organisations will use their social media channels to produce their own messages as well as share national and partner posts

Digital screens

Screens in council offices, BHT, libraries and **GP practices** to include messages around staying well this winter

Media

A media briefing will be held at the earliest opportunity which will include representatives from partner organisations and frontline staff

Advertising

Advertising will be restricted to paid adverts on social media to promote extended GP access. This campaign will run throughout the winter period.

Let's Talk Health Bucks

Around 900 people registered including many PPG members who can spread messages

Newsletters/bulletins

Via BCC to promote flu vaccination

Staff newsletters to promote staff vaccines and infection control measures

Promote extended GP access and winter plans in the ICS newsletter



Key Messages

The NHS and social care are well-versed in planning for inevitable winter pressures.

We are working even more closely with our health and social care partners to ensure we are even stronger this year; however demand for services is increasing.

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
- Seek immediate advice from a pharmacist as soon as you feel unwell and before it gets serious
- Stay healthy and know which health service is best for you. Use NHS 111 to find the right service for you.
- Keep your home heated to at least 18 degrees C
- Stock up on medications ahead of Christmas break

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



QUESTIONS?

