

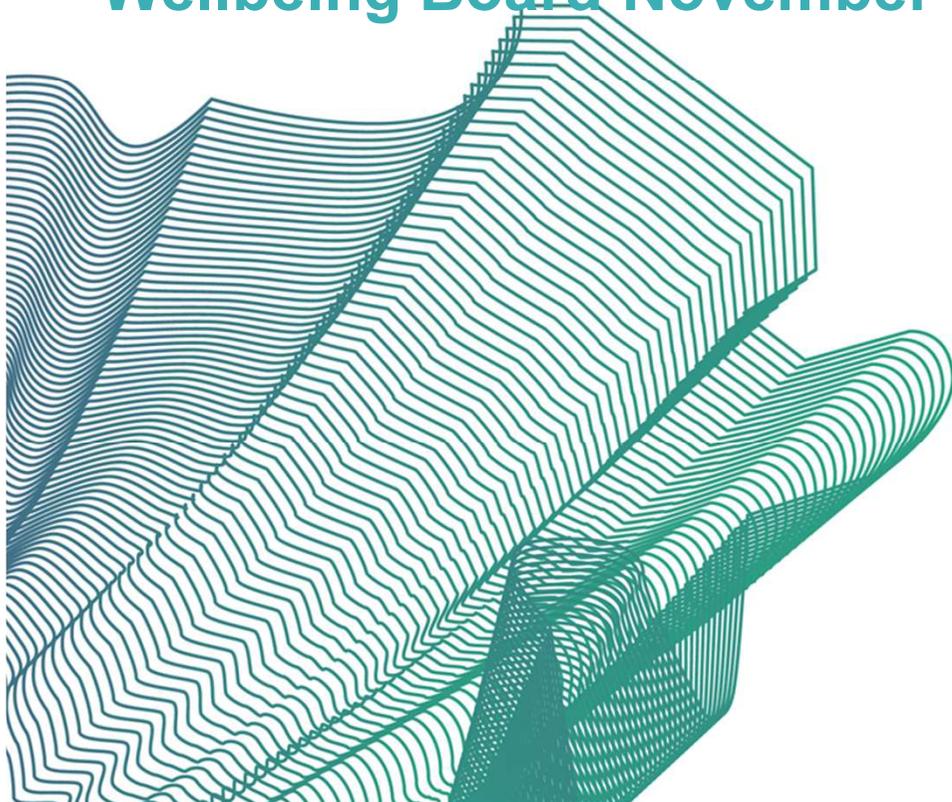
ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Demand Management/Surge Plan 2021-22

October 2021

**Presentation to Rotherham Health and
Wellbeing Board November 2021**



Rotherham

Clinical Commissioning Group

**Rotherham, Doncaster
and South Humber**

NHS Foundation Trust

The Rotherham

NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



**CONNECT
HEALTHCARE**
ROTHERHAM CIC

Lessons Learnt 2020-21

Winter 2020-21

Key Lessons Learnt

- Robust Place Based Governance :-
 - Strategic through to operational daily calls
- Mature relationships across the Place:-
 - Early planning of IBCF funding for Winter/Covid19 2020-21
- Jointly funded posts in commissioning and operations
 - Place Capacity Manager
- Housing representatives working in acute to support delays
- HALO in place to support flow through UECC
 - Commenced mid-winter
- Integrated Discharge Team
- Flu vaccinations as early as possible
- Utilising ring fenced elective beds
- Operational Gold management
- Increased on call in acute units
- Escalation Management System



Risks

- Risk of further bed reductions
 - Due to cohorting flu and covid19
- Pressure on social care provision
 - Home care / Reablement resource to meet demand
- Workforce challenges :-
 - Sickness, morale, and mental health
- Unable to recruit to key capacity
 - Acute wards, UECC, Reablement
- Using elective beds for emergency care
- Multiple outbreaks of flu and/or covid-19 in community i.e care homes
- Primary care support for UECC is fragile
- GP hubs need to be provided in a different way
- Ongoing Covid19 issues :-
 - Track and Trace (patients and staff),
 - Access to PPE across the Place partners,
 - Social distancing

COVID-19

Key Lessons Learnt

- Emphasis on 'home first' with significant increase in assessment after discharge.
 - Integrated Discharge Team – Covid-19 changes to ensure same day discharge, working to 3 hour discharges
- Covid19 positive community beds supported flow
- Cross service working & Mobilisation of non clinical staff to front line
 - Can do approach
- Critical care Beds increased from 14 to 50
 - Training of theatre staff to man Critical care
- Operational management Gold Silver command
 - Covid control room
- Reduction in face to face interventions, quick development of hot visiting &hub
- Community Triumvirate given authority to deliver care
- Streaming in UECC at front door
 - Paediatric ED / assessment unit combined
 - Minor injuries transferred to fracture clinic
 - Surgical and medical assessment unit criteria widened
- Staff helpline
 - Staff and patient drive through testing facility

Risks

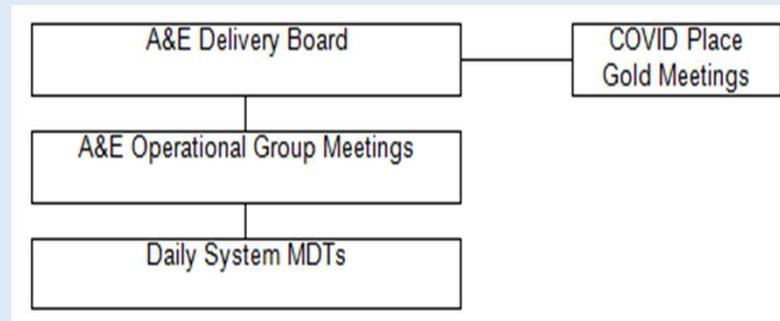
- Cohorting – reducing beds across the acute
- Critical care staff / Critical care equipment:
 - Ventilators, borrowed 2 but not yet received
- Pressure on social care provision
- Workforce challenges – sickness, morale and mental health,
 - Recruitment
- Multiple outbreaks of flu and/or covid-19 in community
 - Including care homes



Governance – Winter Surge and Covid19

This Surge Plan has been developed as a system wide partnership and as such has been developed in collaboration. The Surge Plan 2021-22 has been signed off by the A&E delivery Board in October 2021 and has been to the Place Gold Covid meeting for information prior to H&WB.

Governance Structure



There are daily calls with system partners at various levels of authority to monitor the ongoing risk and escalation across winter/surge/covid19. This is supported by the use of an Escalation Management Process including a Dashboard, Escalation Wheel and the daily reporting completed by the Place Capacity Manager.

The Trust have a fully developed and signed off 'Full Capacity Protocol' which clearly demonstrates clinical leadership at all escalation levels. At periods of significant pressure i.e. Level 4 the protocol includes communications at system level via the Trust's Medical Director/Chief Nurse.

What will we do?

Acute

- Develop Additional Critical care capacity
- If demand goes above additional 8 patients i.e. 22 critical care beds
 - TRFT will recreate our 50 bed critical care unit on A floor
- Co-horting Flu and Covid –Amber, Red, Green
- Additional capacity for RSV
- Reduction of elective cases **Key decision point** pre planned
- Prioritisation of elective – i.e. Cancer and urgent.
- Balance elective and non elective priorities in line with recovery programme
- Continue to utilise local independent sector to sustain elective care
- Halo - YAS relationships
- Review AMU ASU capacity as required
- PPE check stock
 - Source alternatives if a national issue

UECC

- Anticipated levels of referral from NHS 111 First to booked appointments – there are currently 4 slots available per hour for NHS 111 First patients, we do not specify adult or children. These slots will be available over the winter period and we continue to book patients from NHS111 over and above the 4 per hour.
- Ambulance Handover delay improvement plans - TRFT have support from NHSE/I with a piece of work around Ambulance Handover and Streaming. Discussions have taken place with NHSE/I for a series of audits to take place over 2 days in September to specifically look at live handovers, streaming to alternative disposition, patient questionnaire and a retrospective case review of patients conveyed by ambulance and discharged. A report will follow from NHSE/I with the findings and recommendations.

YAS – 999

- Ensure continued Performance against Handover delays – more robust escalation processes between TRFT and YAS.
- £5M additional funding has been made available for YAS to support performance going into Winter 2021-22. Specific aims of the funding have been outlined by NHSE and ICSs have been asked to work with their ambulance Trusts to submit a proposal to NHSE by 23 July.
- Work has been done to establish closer and more collaborative working between YAS ECPs and IRR/CCC as part of the urgent community response

Patient Transport (non-emergency)

- Manage demand in line with discharge guidance.
- Additional PTS provision has been secured for weekdays and weekends – 1 additional 8-hour shift per day.

Manage Flow Successfully

- Continue 3 hour discharge processes:-
 - Including where appropriate/available CHC & brokerage working in IDT, 8am-8pm service, daily MDT with community services including rapid response and reablement. Co-location of H&SC pathways for discharge/hospital avoidance in community
- Continued commissioning of additional community beds **Key decision point**
- System Capacity Manager:
 - Full Development of Place Dashboard by December 21
- LOS reviews – daily with focused reviews x 2 per week
- Continue Age UK discharge service supporting patient transport

What will we do?

Community Services

- Robust Contingency Plan in place for care homes including action plan links to Outbreak Plan
- Home Care – Dynamic Purchasing System can be used to increase capacity. Further providers already added to framework
- Increase therapy/nursing resource in Integrated Rapid Response linked to Aging Well with Reablement co-located with CCC at Woodside.
- Equipment services available 7 days a week. Age UK staff also being trained as Trusted Assessors for some small pieces of equipment.
- Respiratory exacerbation pathway – respiratory nurses will manage patients with an exacerbation of their respiratory condition in their own home. Patients will receive support via home visits and telephone reviews. On discharge the team will arrange referral into pulmonary rehabilitation and any other appropriate follow up.
- New community respiratory pathway providing early supported discharge, in-reach, admission avoidance, exacerbation management & overall, in conjunction with the GP, community management of respiratory patients

Primary Care

- Hot/Cold home visiting arrangements flex to more 'hot' during periods of demand – increased from June 2021. This will also support primary care presentations for children with RSV. Co-located Hot Paramedics in Woodside with CCC and Rapid Response

- GP LES in care homes
 - Support from Care home liaison service to support people (flu/Covid) to remain at home
- Link Community team to GP services
- Primary Care shift to digital consultations where possible
- Rotherham Primary Care 'hot site' for Covid patients who require face to face services – to be re-established to support increase in demand – the service will run 10am to 6.30pm Monday to Friday until the end of March 2022.
 - Extended Access
- The Extended Access service will continue.
- Same day ANP service to increase capacity for 'cold' patients.
- Flu Vaccinations for patients delivered as a system using PCN/place footprint for delivery to achieve required uptake

Expected capacity of primary care

- Primary care will run at full core capacity, with extended hours provided by PCNs and extended access via a hub model. A hot site for potential covid patients will also be used.

Expected reliance on temporary staffing

- Given the potential for staff sickness this winter, there may be a greater than normal need to use locum staffing. Use of NHSP to support workforce planning. early additional recruitment taking place

Initiatives to maximise and optimise existing workforce

- The PCNs have all recruited ARRs posts, and some have made use of local innovation funding to provide additional staffing to March 2022.

Seasonal recruitment

- Nothing additional is planned.

Potential hotspots for staff sickness/high demand for leave

- As expected for all staffing groups this winter.

What will we do?

Flu Immunisation and Outbreak Plan

- Flu vaccination plans will have been enacted :-
 - Co-ordinated approach to achieve maximum numbers
- Mobile access to cover community primary care
- All PCNs have resilience plans in place to enable patients to be managed from any of their sites/from home

Staff

- Health and well-being across place, impact on staff mental health
- Resilience
- Recruitment and retention
- Review PPE type and availability
- PPE sub group
 - Plan now for what if scenario

Ways of working

- Retaining a collaborative approach
- “Agile Place”
- Keeping our people and services safe
- Making decisions – flexible, proactive rather than reactive
- Innovation and ambition
- Plan
- Use of data and analytics on need, capacity and demand/ population health. Newly established Health Inequalities workstream with dedicated funding via IBCF to support Place priorities.
- Strong communications

Rotherham Plan for Covid Services

- We will work across South Yorkshire and Bassetlaw to develop after care and support services

Social Care

- Continue to provide Brokerage support directly into IDT at peak times
- Continued support of the principles of 8am-8pm working arrangements in IDT (based on assessed demand)
- Daily virtual MDTs with system partners
- Continued support for the principles of discharge to assess in the community
- Increased resource in home care & reablement. More flexibility for providers to review customers of service releasing capacity.
- Robust monitoring and oversight of Care Homes including any Outbreak Incident Management, Training, Communication, Contractual support.
- Staff training in MH Awareness (for all reablement workers and reablement coordinators), MH Positive Risk Taking (all coordinators, to inform their support planning and MH First Aid (coordinators to empower them to confidently manage rising risks/crisis)
- Home care and support services - 9 providers have been identified and are being engaged with to soft market test interest in taking care packages as additional capacity.

Assistive Technology

There is a national drive to better utilise the benefits of technology to provide a cost-effective alternative to formal care and enable someone to remain independent within their home, whether that is a community residence or a care home. The use of AT available through the Rotherham Assistive Technology Service, as well as support available through existing smart technology and for private purchase, could be promoted to support and optimise Winter Planning for 2021/22 and pilot projects could be considered to offer a new approach across the Rotherham Place.

What will we do?

Mental Health

- Staff counselling, breakout facilities
- Mental Health digital consultations where possible.
- Continued promotion of 'Rotherhive' digital approach to delivering mental health support and communication on services are available.
- Uncertainty of demand for services, increase expected, particularly for crisis services.
- RDaSH has funding to support mental health discharge.
- More mental health support for primary care.
- Pilot a link-worker to link between UECC and Rotherham Community Groups.

Care Homes

- Weekly place meetings to continue through winter – focus on areas of concern, data, action plan for older people, LD and MH care homes in the borough.
- Contingency plan developed which provides assessment of risk based on 4 scenarios – covid outbreaks, capacity in the home, staffing levels, financial viability
- Meetings taking place to support care homes
- Incident Management Team – established process for dealing with outbreaks linked to the local Outbreak Plan
- Support via health from GP alignment, care home liaison, community physician and clinical quality officer, hot visiting. Social care contract compliance team within commissioning contacting all homes regularly.
- Virtual multi-agency training package continued to be offered focusing on PEE, IPC and Swabbing (residents and staff).
- Remote monitoring pilot – An App covers basic observations, wound care, under-nutrition and falls.
- ECHO - Training via Zoom, using the ECHO methodology has been implemented in Rotherham. A programme of training sessions has already taken place for care homes as well as Community Nursing staff. Funding has been secured to allow further roll out.

Communications

Throughout winter, we will across the Rotherham health and care partnership to utilise a variety of communications activity, based on local, to encourage a reduction in unnecessary attendances at A&E and an increase in use of community/primary care services and support services such as Extended Access appointments, NHS 111 and pharmacy. Key messages will be developed to be used by all partners, using positive language about services that people can and should use rather than telling them 'not to use services such as A&E'. A local winter communication activity plan will be implemented from October onwards.

What will we do for Children and Young People ?

Children and Young People

Key pressures:

- Increased number of presentations for younger children with RSV or other respiratory viruses. Affects Under 2s.
- Lack of exposure to viruses for children under 5 during Covid – anxious parents needing reassurance – some have not seen children ill before.
- CAMHS – increased presentation of children and young adults with mental health problems. Some being supported in acute beds due to lack of capacity within in-patient mental health facilities.
- Support being provided across South Yorkshire for Doncaster paediatric in-patient services – recent flood and major incident at Doncaster Hospital has reduced its paediatric capacity.
- Staffing – need to ensure staff welfare.

Mitigation:

Communications

- Communications activity has taken place for RSV with more planned. Some of the activity undertaken by Rotherham Health and social care partners includes:
 - Websites and social media posts - using national RSV campaign materials and SYB ICS Healthier Together website messages.
 - Information shared via partner public and stakeholder bulletins – including primary care.
 - Information shared directly with schools and parents during new school term.
 - National campaign materials shared with local community and parent groups

TRFT – Acute and Community

- Children's community nursing team (PARROT) – will take referrals from wards and directly from UECC.
- Vulnerable neonatal patients have been identified and referred to Synergis clinic which has commenced 2 months early (August in 21).
- Paediatric acute capacity - ODN surge plan for Yorkshire and Humber has specified that TRFT paediatric inpatient capacity could be increased by 4 beds. This would require additional staff to support and plans are in place to increase as and when required.
- Yorkshire Humber paediatric inpatient DOS provided to allow visibility of both inpatient critical care patients across the region (including staffing).
- Options to use virtual consultations as well as face-to-face when appropriate; consider asking parents views through existing forums.

Primary Care

- Additional capacity for primary care – including hot hub for face-to-face consultations, hot/cold visiting service and additional GP extended hours sessions. This will increase capacity to see under 5s.

What will we do?

RDaSH

- Reduce the length of stay a child or young person requires for care or treatment in the acute hospital, supported by robust risk assessments and community care and treatment plans.
- Ensure children and young people presenting at UECC are seen in an immediate and timely manner receiving a robust risk assessment and are treated at home where appropriate with a care and treatment plan.
- Ensure that at the weekly "at risk of admission" scoping meeting across the RDaSH partnership, children and young people who are known to be at risk of admission for a mental health problem or an eating disorder are identified, risk assessments undertaken and robust care and treatment plans put in place to minimise the risk of admission.
- Self help support and wider public health information will be promoted through the RDaSH social media presence and website
- The Me in Mind Teams will work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress.

RMBC

Service Delivery Plans for all portfolios within the Council, Borough Emergency Plan, Adverse weather plans, CYPS Emergency Plan, Pandemic Plans.

Business Continuity Plans at Directorate level and service level covering:

- Social Care
- Early Help
- Commissioning, Quality and Performance
- Education and Inclusion

Plans identify priority services that need to be maintained and services that can be reduced temporarily.

School level risk registers with mitigations, School level emergency Plans / Business Continuity Plans / Pandemic Plans / Adverse weather plans (Academies are required by their insurers to have contingency plans in place), Recruitment and retention strategy, Service wide assurance days aligned to service plans and delivery, Internal Communications Strategy, School/Academy Communications Strategy, Development and learning programme, Education places sufficiency strategy, Hybrid working models and Vulnerable children and families oversight and assurance forums.

System-wide

- Cross-Partner Vulnerability meetings are held every 2 weeks.
- All Partners to be responsible for their areas but provide system-wide support during peaks of pressure.

Multi-Agency Covid Booster and Flu Plan

1) Flu Vaccination Programme

A Place-wide flu vaccination programme will be delivered in line with National Guidance. This will include both staff and patient groups and both adults and children. Vaccinations will be delivered by GP practices, pharmacists and NHS Trusts (for staff)

2) Phase 3 Covid Vaccination Programme

A Place-wide plan is in place to deliver Phase 3 of the Covid vaccination programme. PCN sites and TRFT have confirmed participation in the scheme. This will include Covid Booster vaccinations. It also includes the continuation of vaccination for patient groups from Phase 2 including the evergreen offer.

Plans are also in place to deliver the Covid vaccination programme for 12 to 15 year olds.

Assurance against both the above vaccination programmes is provided at the Rotherham Place Vaccination Task and Finish Group meetings.

ANY
QUESTIONS
?