

Urgent and Emergency Care

Preparing and Responding to Winter Pressures

- **BAF National Requirements**
- **BAF Progress to Date**
- **National Context and Next Steps**

HNY ICB Board

11 January 2023

National BAF Requirements for ICBs

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to increase the capacity to be able to respond to patients.
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- Reduce crowding in A&E departments and target the longest waits in Emergency Departments (EDs), through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100-day challenge'.
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Winter BAF / UEC Assurance Framework

- Clear responsibility and accountability for ICBs
- Requirement to develop and be held to account for 3 key overall plans as part of the BAF
- ICB Demand and Capacity Plan
- ICB Aggregated UEC Action Plan
- Self-assessment for each Acute Provider
- Multiple actions subject to monthly monitoring nationally
- BAF Headline Metrics x6 to monitor performance

- **Additional national monies** made available in August to increase availability and access of additional beds during Winter.
- HNY a planned total of **504 extra beds** / bed equivalent at a total cost of **£11.3m**.
- Consists of **20 schemes** across the whole of the ICB geography.
- Plans in North Yorkshire and York were adjusted to support York and Scarborough Trust.
- **Forensic scrutiny** on bed availability, capacity and utilisation compared to 2019/20.
- All bed capacity schemes in place apart from x 3 schemes at HUTH that have been delayed due to workforce (international recruitment registration processes)

- NLAG, CHCP (inc HUTHT), STFT, YSFT **virtual wards are live.**
- HDFT, CPG and HTFT **due to go live by mid Jan 23** (delay due to staffing issues).
- Currently, there is **capacity for 63 VW beds across the ICS** (this position is expected to increase further first week in Jan as more VW beds are mobilised).
- To date (as at 19/12/22), **239 patients have been supported in a VW bed.**
- Currently, providers are **forecasting 73% delivery against Q4 VW plan**; this position continues to improve as more staff are being recruited to VW services.
- Main challenges relate to **availability and retention of suitably skilled workforce** – specifically, recruitment to VW services without destabilising existing services. Mitigations are in place and the position continues to improve.

- **Extensive number of actions covering a multitude of areas** from acute provision, out of hospital, ambulance responses, elective delivery, mental health responses diagnostics, performance reporting and communications.
- Subject to **monthly monitoring and national reporting** across all areas.
- **Progress for HNY broadly positive and on track** with some areas requiring further focus and attention.
- **Workforce** often cited as an underlying reason as to why certain actions not progressing as fully as intended.

BAF Summary December Submissions – High Level Position Change

| September Actions | | | | | |
|-------------------|-------------------|-----------|------------|-----------|------------|
| ICB | Will not be Imp'd | Planned | Partial | Full | Total |
| NENC | 0 | 11 | 26 | 2 | 39 |
| SY | 1 | 3 | 29 | 6 | 39 |
| WY | 0 | 3 | 25 | 11 | 39 |
| HNY | 0 | 12 | 21 | 6 | 39 |
| Regional | 1 | 29 | 101 | 25 | 156 |

| September Actions | | | |
|-------------------|------------|------------|------------|
| Will not be Imp'd | Planned | Partial | Full |
| 0% | 28% | 67% | 5% |
| 3% | 8% | 74% | 15% |
| 0% | 8% | 64% | 28% |
| 0% | 31% | 54% | 15% |
| 1% | 19% | 65% | 16% |

| October Actions | | | | | |
|-----------------|-------------------|-----------|------------|-----------|------------|
| ICB | Will not be Imp'd | Planned | Partial | Full | Total |
| NENC | 0 | 11 | 27 | 2 | 40 |
| SY | 1 | 5 | 28 | 6 | 40 |
| WY | 0 | 4 | 25 | 11 | 40 |
| HNY | 0 | 12 | 22 | 6 | 40 |
| Regional | 1 | 32 | 102 | 25 | 160 |

| October Actions | | | |
|-------------------|------------|------------|------------|
| Will not be Imp'd | Planned | Partial | Full |
| 0% | 28% | 68% | 5% |
| 3% | 13% | 70% | 15% |
| 0% | 10% | 63% | 28% |
| 0% | 30% | 55% | 15% |
| 1% | 20% | 64% | 16% |

| | | | | | |
|----------------------------|---|---|---|---|---|
| Change from previous month | 0 | 3 | 1 | 0 | 4 |
|----------------------------|---|---|---|---|---|

| | | | |
|----|----|-----|----|
| 0% | 1% | -1% | 0% |
|----|----|-----|----|

| November Actions | | | | | |
|------------------|-------------------|-----------|------------|-----------|------------|
| ICB | Will not be Imp'd | Planned | Partial | Full | Total |
| NENC | 0 | 6 | 19 | 22 | 47 |
| SY | 0 | 0 | 37 | 10 | 47 |
| WY | 0 | 1 | 22 | 24 | 47 |
| HNY | 0 | 6 | 33 | 8 | 47 |
| Regional | 0 | 13 | 111 | 64 | 188 |

| November Actions | | | |
|-------------------|-----------|------------|------------|
| Will not be Imp'd | Planned | Partial | Full |
| 0% | 13% | 40% | 47% |
| 0% | 0% | 79% | 21% |
| 0% | 2% | 47% | 51% |
| 0% | 13% | 70% | 17% |
| 0% | 7% | 59% | 34% |

| | | | | | |
|----------------------------|----|-----|---|----|----|
| Change from previous month | -1 | -19 | 9 | 39 | 28 |
|----------------------------|----|-----|---|----|----|

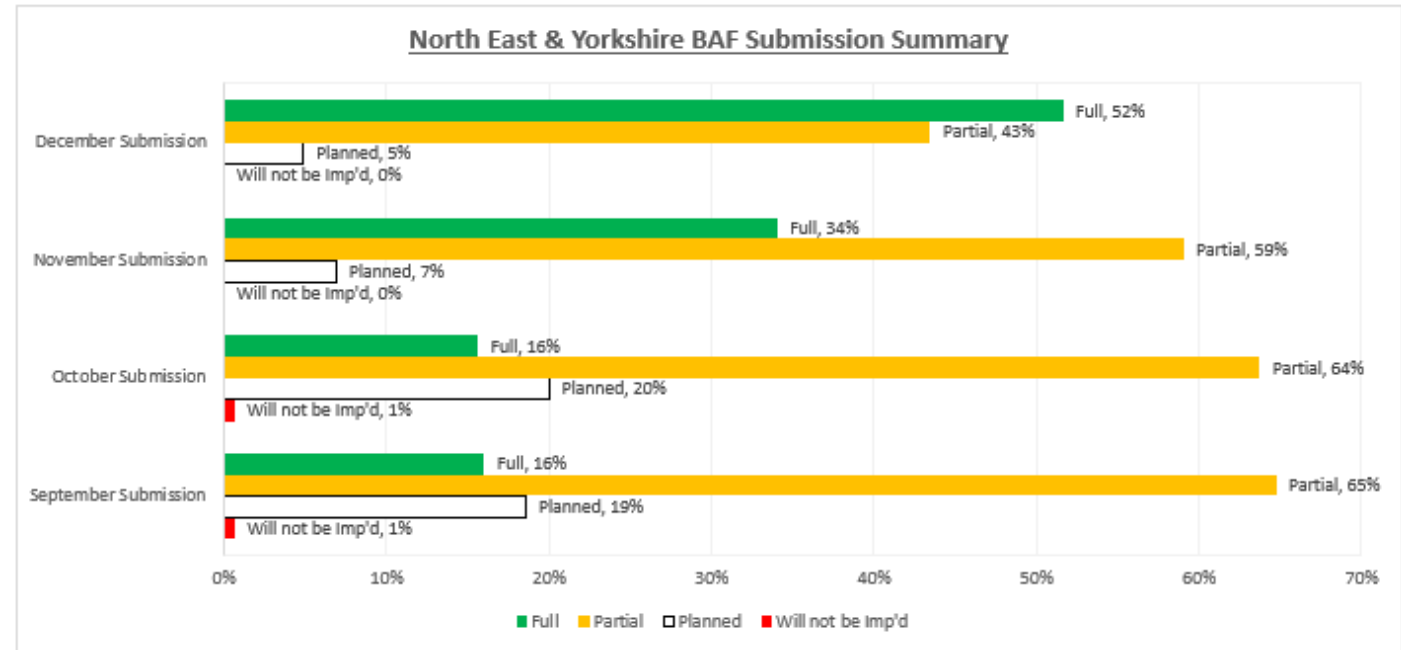
| | | | |
|-----|------|-----|-----|
| -1% | -13% | -5% | 18% |
|-----|------|-----|-----|

| December Actions | | | | | |
|------------------|-------------------|----------|-----------|-----------|------------|
| ICB | Will not be Imp'd | Planned | Partial | Full | Total |
| NENC | 0 | 7 | 16 | 23 | 46 |
| SY | 0 | 0 | 19 | 27 | 46 |
| WY | 0 | 1 | 18 | 27 | 46 |
| HNY | 0 | 1 | 27 | 18 | 46 |
| Regional | 0 | 9 | 80 | 95 | 184 |

| December Actions | | | |
|-------------------|-----------|------------|------------|
| Will not be Imp'd | Planned | Partial | Full |
| 0% | 15% | 35% | 50% |
| 0% | 0% | 41% | 59% |
| 0% | 2% | 39% | 59% |
| 0% | 2% | 59% | 39% |
| 0% | 5% | 43% | 52% |

| | | | | | |
|----------------------------|---|----|-----|----|----|
| Change from previous month | 0 | -4 | -31 | 31 | -4 |
|----------------------------|---|----|-----|----|----|

| | | | |
|----|-----|------|-----|
| 0% | -2% | -16% | 18% |
|----|-----|------|-----|



BAF Summary December Submissions – Heat Map: Action Level

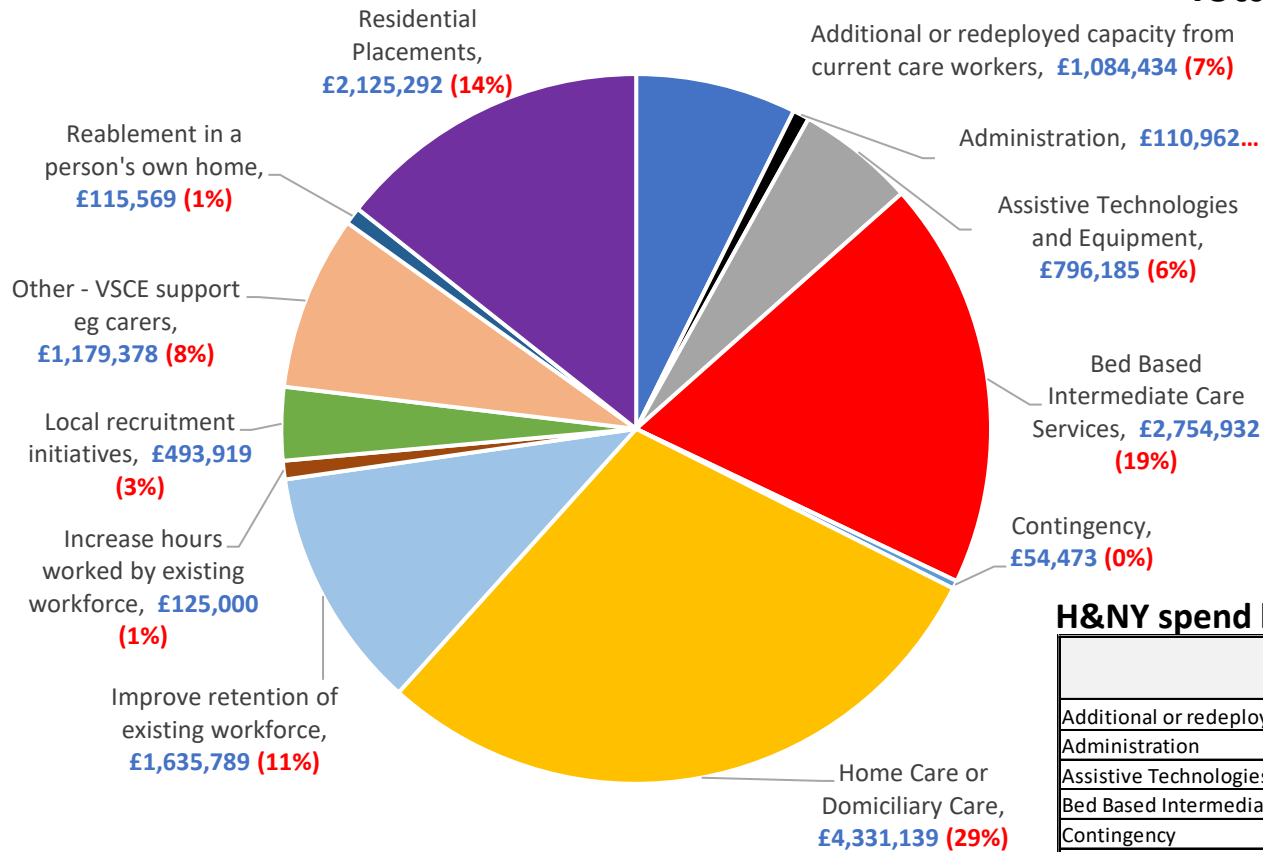
| Month | Action | | | | RP # |
|--------|--------|----|----|----------|-------|
| | HRC | ST | WT | HHT | |
| Sep-22 | | | | | 1.1 |
| | | | | | 1.1.1 |
| | | | | | 1.4 |
| | | | | | 1.4.1 |
| | | | | | 1.4.2 |
| | | | | | 1.4.3 |
| | | | | | 1.5 |
| | | | | | 1.5.1 |
| | | | | | 1.5.2 |
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| | | | | | 1.5.6 |
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| | | | | | 1.6.1 |
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| | | | | 1.6.9 | |
| | | | | 1.6.10 | |
| | | | | 1.8 | |
| | | | | 1.8.1 | |
| | | | | 1.8.3 | |
| | | | | 1.8.5 | |
| | | | | 1.10 | |
| | | | | 1.10.1 | |
| | | | | 2.1 | |
| | | | | 2.1.1 | |
| | | | | 2.1.3 | |
| | | | | 2.2 | |
| | | | | 2.2.1 | |
| | | | | 2.2.2 | |
| | | | | 2.2.3 | |
| | | | | 3.4 | |
| | | | | 3.4.1(e) | |
| | | | | 3.4.1(b) | |
| | | | | 3.6 | |
| | | | | 3.6.1 | |
| | | | | 3.6.1 | |
| | | | | 3.6.1(e) | |
| | | | | 3.7 | |
| | | | | 3.7.1 | |
| | | | | 4.5 | |
| | | | | 4.5.2 | |
| | | | | 5.1 | |
| | | | | 5.1.3 | |
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| | | | | 5.3.1 | |
| | | | | 5.3.2 | |
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| | | | | 5.4.1 | |
| | | | | 6.2 | |
| | | | | 6.2.1 | |
| | | | | 7.2 | |
| | | | | 7.2.1 | |
| | | | | 7.3 | |
| | | | | 7.3.1 | |
| | | | | 8.2 | |
| | | | | 8.2.1 | |
| | | | | 8.2.2 | |
| | | | | 9.2 | |
| | | | | 9.2.1 | |

- **£200 million will be distributed to LAs**, based on the adult social care relative needs formula (RNF).
- **£300 million will be distributed to integrated care boards (ICBs)**, targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fair-shares distribution based on [2022 to 2023 ICB weighted populations](#) (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding).
- We are expected to pool the funding into the Better Care Fund (BCF) agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.
- The funding will be provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data, and have met the other conditions.

- Flexible use on the interventions that **best enable the discharge of patients** from hospital to the most appropriate location for their ongoing care
- **Freeing up the maximum number of hospital beds and reducing bed days** lost including from mental health inpatient settings
- Provision of **homecare**
- **Discharge to Assess (D2A)**
- To **boost general adult social care workforce capacity**, through staff recruitment and retention, where that will contribute to reducing delayed discharges
- The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding:
 - **Assistive Technologies and Equipment**
 - **Home Care or Domiciliary Care**
 - **Bed Based Intermediate Care Services**
 - **Reablement in a Person's Own Home**
 - **Residential Placements**

Overall H&NY ICB ASC Discharge Fund spend by scheme type for 2022/23

Total = £18,237,909



H&NY spend by scheme type:-

| Scheme Type | EROY | Hull | North Lincs | NE Lincs | North Yorkshire | York | Total |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|
| Additional or redeployed capacity from current care workers | 30,000 | 30,000 | 224,074 | 381,360 | 449,000 | | £ 1,114,434 |
| Administration | | | 17,960 | 18,413 | 57,308 | 17,281 | £ 110,962 |
| Assistive Technologies and Equipment | 309,185 | | 177,000 | 77,000 | 233,000 | | £ 796,185 |
| Bed Based Intermediate Care Services | 949,865 | 659,000 | | 434,400 | 1,370,667 | | £ 3,413,932 |
| Contingency | | | 54,473 | | | | £ 54,473 |
| Home Care or Domiciliary Care | 550,000 | 550,000 | 342,099 | 459,332 | 2,410,000 | 569,708 | £ 4,881,139 |
| Improve retention of existing workforce | 925,789 | 678,754 | | 210,000 | 500,000 | | £ 2,314,543 |
| Increase hours worked by existing workforce | | | | | 125,000 | | £ 125,000 |
| Local recruitment initiatives | 125,000 | 125,000 | 336,419 | 32,500 | | | £ 618,919 |
| Other - VSCE support eg carers | 184,188 | 535,188 | 263,209 | 40,000 | 278,000 | 413,981 | £ 1,714,566 |
| Reablement in a person's own home | | | | 18,000 | | 97,569 | £ 115,569 |
| Residential Placements | 340,000 | 852,895 | 381,138 | 170,358 | 604,226 | 629,570 | £ 2,978,187 |
| Total | £ 3,414,027 | £ 3,430,837 | £ 1,796,372 | £ 1,841,363 | £ 6,027,201 | £ 1,728,109 | £ 18,237,909 |

| | KLOE | Response |
|---|--|--|
| 1 | <p>Could you confirm the date that the UEC BAF has been discussed at a board meeting.</p> | <ul style="list-style-type: none"> The BAF was discussed as part of an ICB board meeting on 14 December, and HNY UEC Board on 16 December; there will also be an update as part of HNY Board meeting on 11 January. ICB Board members also received short briefings on the latest position on 22 Dec, 29 Dec and 5 Jan 2023 and will receive the latest position on 11 January 2023 |
| 2 | <p>Falls – the expectation is that the region will have full compliance with the 8-8 specification as required by the end of December.</p> | <p>Partially implemented: Falls response services are in place across the ICS, recognising that further work required in some areas to align to level 1 and 2 falls standards. Work is underway, with colleagues at Place, to understand any gaps in these services at operational level currently identified as:</p> <ul style="list-style-type: none"> YAS - level 1 falls gap - Harrogate, Ryedale, East Riding, Selby YAS - level 2 falls gap - Harrogate, East Riding, Hull City, Selby Falls CFR availability - Scarborough, Ryedale, East Riding, Hull City, Selby Potential gaps in care home pathways (being reviewed) EMAS data not yet understood for the Northern Lincolnshire sub system - discussions on-going with EMAS and place colleagues to map and understand falls pathways. |
| 3 | <p>D&C beds – ensure full compliance with the bids including actual beds or beds equivalent to include the commissioning of mothballed beds at Harrogate using the £400k capital funding made available.</p> | <ul style="list-style-type: none"> Delays due to over running estate works for the Oncology department at HUTH has resulted in some ward moves that has restricted bringing these beds on line. The additional major trauma and HOB beds will come on line in mid January 2023 Delays in the registration requirements for international nurses, alongside the departure of locum cover. Will come on line mid January 2023 Delays in the registration requirements for international nurses. Will come on line mid January 2023 Harrogate Capital update: Confirmation of monies allocated to Harrogate received just before Christmas and capital works is progressing to bring on line as soon as possible. |

| | KLOE | Response |
|---|--|---|
| 4 | <p>Virtual wards – we have done well on utilising the existing capacity of the open virtual wards. 6 additional virtual wards have opened since the beginning of December but a further 14 are scheduled to open before the end of the month in order to achieve the plan for which ICBs have received funding. Please can you confirm or update on all of the planned wards in your ICB.</p> | <ul style="list-style-type: none"> • NLAG, CHCP (inc HUTHT), STFT, YSFT are live. • HDFT, CPG and HTFT due to go live by mid Jan 23 (delay due to staffing issues). • Currently, there is capacity for <u>63</u> VW beds across the ICS (this position is expected to increase further first week in Jan as more VW beds are mobilised). • To date (as at 19/12/22), <u>239</u> patients have been supported in a VW bed. • Currently, providers are forecasting 73% delivery against Q4 VW plan; this position continues to improve as more staff are being recruited to VW services. <p>Main challenges relate to availability and retention of suitably skilled workforce – specifically, recruitment to VW services without destabilising existing services. Mitigations are in place and the position continues to improve.</p> |
| 5 | <p>The national team highlighted the BAF requirement to “increase provision of ‘High Intensity Users services’”. Whilst we have made progress, BAF returns show we do not have universal coverage of services across the Region. Where these are not yet in place I would be grateful for your continued focus to ensure roll out. In the longer term we will want to progress the HIU work further to take into account the opportunities to target services to tackle inequalities</p> | <p>A&E Delivery Boards updated winter plans with actions to address High Intensity Users Places continue to work through their plans and meet as coordinated groups to ensure a consistent response.</p> <p>Work undertaken by UECN in summer/autumn. This is one of a number of priority areas for the new UEC director when they commence in their new role on 16 January 2023.</p> |

- **Exceptional pressure** experiences before Christmas and over the Bank Holiday period and early January 2023.
- Much **media attention** regarding the extent of pressures and resulting in patient safety and quality concerns.
- Multiple acute trusts and ambulance providers declared **critical incidents** (non in Humber and North Yorkshire).
- **Prime Minister chaired national NHS summit**, held on Saturday, 7 January 2023.
- **Publication of national discharge next steps and additional monies.**
- **£500m** capital for ambulance hubs and discharge lounges and **£250m** to speed up hospital discharge.
- Request for **Winter Plan reset and 3 month demand plan.**

Through our work with you a small number of **specific high impact actions** have been identified and communicated previously that can support this work to decongest hospitals and improve flow. You should work with local partners to ensure that these are implemented and genuinely delivering their potential benefit over the coming three months, and are reflected in your addendum:

1. **Delivery of the capacity increases you have set out in your winter plans**, including continuing to increase G&A bed numbers and improvements in virtual ward capacity and utilisation, as well as beds in community, mental health and intermediate settings.
2. **Significantly improving discharge** through sustaining the best practice actions identified as part of the discharge challenges (in acute, mental health, and community settings) to further reduce the number of hospital-process discharge delays, and working in a joined up way with local authority partners on delivery of the Adult Social Care Discharge Fund capacity.
3. **Further developing your System Control Centres**, to ensure they are genuinely clinically-led, are using all of the powers available in a Level 3 incident where appropriate, and have sufficient decision-making power.
4. **Better supporting patients and avoiding admissions** through your community falls service and urgent community response, and improving their ability to pull patients from the ambulance stack. Likewise, working with ambulance services and primary care to genuinely avoid clinically inappropriate admissions.



Humber and North Yorkshire
Health and Care Partnership

Thank You

