

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

Board Assurance Framework



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 |

| | | 0ct | ober Acti | ons | |
|----------------------------|----------------------|---------|-----------|------|-------|
| 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 |
| Change from previous month | 0 | 3 | 1 | 0 | 4 |

| | 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 |

| Change from | -1 | -10 | 0 | 30 | 28 |
|----------------|----|-----|---|----|----|
| previous month | -1 | -19 | , | | 20 |

| | 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 |

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

| 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% | |

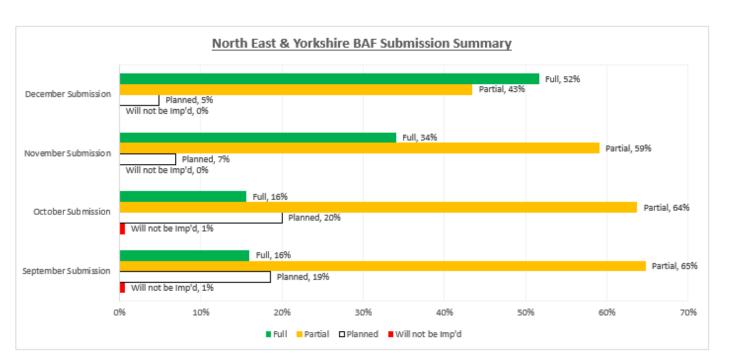
| | October Actions | | | | |
|----------------------|-----------------|---------|------|--|--|
| Will not be Imp'd | Planned | Partial | Full | | |
| 0% | 28% | 68% | 5% | | |
| 3% | 13% | 70% | 15% | | |
| 0% | 10% | 63% | 28% | | |
| 0% | 30% | 55% | 15% | | |
| 1% | 20% | 64% | 16% | | |
| 0% | 1%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

| 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% | |

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

| | Decembe | r 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% |

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



BAF Summary December Submissions – Heat Map: Action Level



| | IC I | ST WT HHT | HHT | ST | BENC HENC | 1. France autificiant conceils to made accounted demand for this winter | RP# [|
|---|------|-----------------|----------|----|--------------|---|----------|
| | | | _ | | Jul-22 | Theel expected definand for this Willter | 111 |
| | | | | | | 1.4 Managing demand and aligning capacity | 1.4 |
| | | | | | 000 | UTC Provision of top spec | 14.1 |
| | | | | | Sep-22 | ED streaming services to redirect to Type 3 increase the provisors of High Intensity Uses services (HIL) - current ~50% | 142 |
| | | | | | | 1.5 Community health care at home services | 1.5 |
| | | | | | Dec-22 | Urgert Community Response – increase 2-hour UCR provision - 70% within 2 hrs | 1.5.1 |
| | | | | | Dec-22 | Virtual Wards - with a focus on ARI and frailly. Community-bread falls resonnes service - Bern and Born 7 days o .wk incline formes. | 1.52 |
| | | | | | Dec-22 | coverage 0900-2000, 7 days p.wk., of the 9 | 154 |
| | | | | | Dec-22 | in the natio | 1.5.5 |
| | | | | | Ongoing | ARInos | 1.5.6 |
| | | | | | | 1.6 Primary Care | 1.6 |
| | | | | | Dec-22 | National ambison; ICB to resource a dedicated primary care team to support GP & C. Pharmacy | 1.6.1 |
| | | | | | Dec-22 | Naforal ambiton; ICBs to complete system framework for supporting General Practice - secure | 1.6.2 |
| | | | | | - 1 | supinos saissavidop | |
| | | | | | Dec-22 | National ambition; Consider and support PCNs working with each other. (Or example oxernetry monitoring for COVID; writter hubs; community and VCS led support for executions.) | 1.6.3 |
| | | | | | | : Rapid recruitment of up to: | |
| | | | | | Nov-22 | 1000 SP Link Workers and health and wellbeing coaches 1000 Gare Coordinators to support PCSPs for high risk individuals with MLTC. | 1.6.4 |
| | | | | | 00422 | i; ICBs to offer intensive hands-on quality improve | 1.6.5 |
| | | | | | Oct/22 | National ambition: Technology and Telephony to digitally enable Primary Care - Court Based Telephony in General Practice and Bi | 1.6.6 |
| | | | + | | | | |
| | | | | | 000022 | National ambition? Promide use CPCS to diver from GP into community pharmaces and Discringe Medicines Service to community pharmacies to help prevent readmissions to hospital | 1.6.7 |
| | | | | | Ongoing | Access to treatment: COVID | 1.6.8 |
| | | | | | Oncoing | Transition diamino: COVID | 6.9 |
| + | | | | | | 0 0 0 | |
| | | | | | Ongoing | Finance: Community COVID | 1.6.10 |
| | | | | | | | 1.8 |
| | | | _ | # | Apr.23 | Elective capacity to eliminate waits of over 18 months by April 2023 | 1.8.1 |
| | | | + | # | Mar-23 | days from an urgent cancer referral to pr | 1.8.3 |
| | | | | | 70,52 | Ersure far recovery of elective services through use of population (actors (e.g. Hi) 1.10 Disconnection | 1.8.5 |
| | | | | | Mar/23 | 1. IV Driggitu stude Materimian articolo bia on delicuerad for Community Discovostin Cardinia | 1101 |
| _ | | | | | | navimos auring only care ou ly community and have centres. 2.1 Building on heat practice. | 2.1 |
| | | | | | | ent the 10 best practice interventions identified in the first | |
| | | | | | WILLIAM 2022 | Discharge Taskforce via the 100-day challenge' to reduce variation | 2.1.2 |
| | | | | | Ongoing | Confinue and expand use of small, one-off Personal Health Budges (PHBs) to facilitate early discharges | 2.1.3 |
| | | | | | | | |
| | | | | | 8 | 2.2 Increase capacity on discharge pathways | 2 2 |
| + | | | + | Ŧ | and and | increase capacity or partway one decinal greaters | 133 |
| | | | + | Ŧ | OCHES | n community rendo wards/units | 222 |
| | | | | | Outdoord | Montor PU discharges at weekend to mandan flow 7 days a week. | 223 |
| | | | | | Aug.22 | SA AITIULIATION TIBEL Provinces that a falled on of reach controvers custorines | 3.4 |
| | | | <u> </u> | | Nov-22 | incoare est uniqual un apud respuise remodes. Model celenal faet remements and inniverser in line with identified need | 3.4.1(b) |
| | | | | | 77-40A | Jona Teet requirements and impendent in the with demised need | 34.1(0) |
| | | | | | | ove the amountee response to mental result. to use Lond Term Pan ambulance and mental health fund on in full to: | 9.0 |
| | | | | | Mar/24 | | 36.1 |
| | | | | | | ajorn precent response to mena many mental health education and training to the | |
| | | | | | | lg. | |
| | | | | | Apr-24 | ene response to mental health patients th education and training to the ambulance workforce | 3.6.1 |
| | | | | | Nov-22 | the use of specialist vericles to support mental health | 3.6.1(a) |
| | | | | | | 3.7 Reduction of ambulance conveyances from care homes | 3.7 |
| | | | | | Ongoing | anitaring in care hames, including provision of | 3.7.1 |
| | | | | | | he ambulance response to mental health | 4.5 |
| | | | | | Nov-22 | All KBs to profile and update details of 247 urgent mental health helpines on the local (DOS) | 4.5.1 |
| | | | | | Nov-22 | a update details of the 247 urgent mental health helpines & prondle | 4.5.2 |
| | | | | | | the Dos | 5.1 |
| | | | | | 22420 | number and breadth of services profiled on the DOS | 5.1.3 |
| | | | | | | and reduce pressure on beds | 52 |
| | | | | | Nov-22 | Improve Acute Frailty service provision | 522 |
| | | | | | 00122 | Review non-emergency patient transport services s | 5.2.3 |
| | | | | | | 5.3 Standardise specialist input and subsequent management at the earliest appropriate point in the patient's fourness | 5.3 |
| | | | _ | | 20 | | |
| | | | + | Ŧ | Norway | Specially in react within 64 minutes | 3.0. |
| # | | | <u> </u> | F | derran | 7-day provisor of services which support acute care | 5.32 |
| | | | | | Nvu.22 | 5.4 Out of hospital services triples and the control hospital from the control hospital from based pathways. | 5.41 |
| | | | | | | 6.2 Infection Prevention and Control | 6.2 |
| Ė | | | | | Dec-22 | Implement UKHSA's IPC advice in a proportionate way to minimise 'void bads. | 62.1 |
| | | | | | | 7.2 Recruitment and retention | 7.2 |
| | | | | | Dec-22 | Ingeneri recruiment and reterior plans | 72.1 |
| | | | | | | 7.3 Utilisation of VC s and Volunteers | 7.3 |
| | | | | | Oct-22 | ğ | 7.3.1 |
| | | | | | | 8.2 Ensure real-time system monitoring | 8.2 |
| | | | | | · | ysian paviers id nondr | 8.2.1 |
| | | | | | | Ensure all systems establish 247 System Control Centres (SCCs). | 822 |
| | | | | | | 9.2 Campaigns | 9.2 |
| | | | _ | | Feb-23 | Deliver the 'Help Us, Help You' NHS 111 (October 22) and GP Access (February 23) campaigns | 9.2.1 |

Overview of the Adult Social Care Discharge Fund Allocation



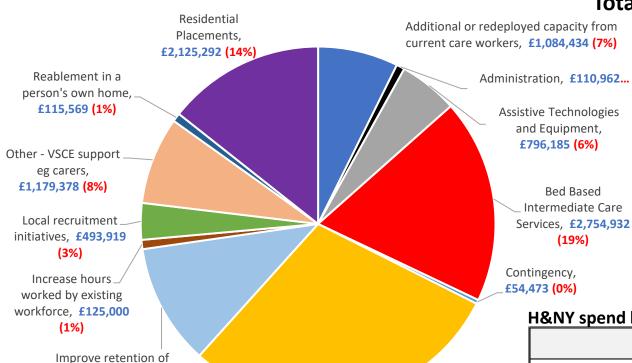
- £200 million will be distributed to LAs, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fair-shares distribution 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.

National Expectations: the use of the Adult Social Care Discharge Funding



- 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



_ Home Care or Domiciliary Care, £4,331,139 (29%)

existing workforce, £1,635,789 (11%)

H&NY spend by scheme type:-

| | | | | | North | | | |
|---|------------|-------------|-------------|-------------|-------------|-------------|---|------------|
| Scheme Type | EROY | Hull | North Lincs | NE Lincs | 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 | | <u> </u> | 17,960 | 18,413 | 57,308 | 17,281 | £ | 110,962 |
| Assistive Technologies and Equipment | 309,185 | <u> </u> | 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 | | <u> </u> | 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 | | <u> </u> | | | 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 |

Regional Performance Meeting – BAF Priority Follow-up Areas



| | | | · · · · · · · · · · · · · · · · · · · |
|---|---|---|--|
| | | KLOE | Response |
| | 1 | Could you confirm the date that the UEC BAF has been discussed at a board meeting. | 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 | Falls – the expectation is that the region will have full compliance with the 8-8 specification as required by the end of December. | 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: • 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 | 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. | come on line mid January 2023 Delays in the registration requirements for international nurses. Will come on line mid January 2023 |

Regional Performance Meeting – BAF Priority Follow-up Areas



KLOE

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.

Response

- 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 VW</u> 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.

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

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.

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.

Extreme Pressure – National Response and Next Steps



- 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.

Extreme Pressure – National Response and Next Steps



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.

