

Item 5b

Barnsley Strategic Winter Plan 2021/22 - System Overview

Barnsley Urgent and Emergency Care Delivery Board

October 2021

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Introduction

As in other years, winter is NOT an emergency, but is an element of good business continuity and contingency planning. It is an annual event and for the most part we can forecast the pressures and to some extent the weather and the nature of prevailing infectious diseases. In 2021 however, winter continues to be set against the back drop of COVID-19 and therefore winter planning is set in the context of the Governments [‘COVID 19 Response: Autumn Winter Plan’](#) published in September 2021.

The Government plan is set around 5 key areas aimed at sustaining the progress made in the response and recovery from COVID 19 and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure. The Government plan to achieve this by:

- a) Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- b) Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- c) Supporting the NHS and social care: managing pressures and recovering services.
- d) Advising people on how to protect themselves and others: clear guidance and communications.
- e) Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

The last 18 months have however shown that the pandemic can change course rapidly and unexpectedly and it remains hard to predict with certainty what will happen and therefore our local plans aim to provide resilience across health and care services to ensure that we are able to manage the pressures and continue to recover services as quickly as possible.

In addition, winter is always a challenging time for the NHS. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21.

The Barnsley Urgent and Emergency Care Delivery Board Winter Plan 2021/22 has been produced with input from health and care partners working in Barnsley. The plan has been developed taking account of the lessons learned from 2020/21, including the response to COVID 19 and from previous years.

This planning document sets out the arrangements in place and the actions that have been taken along with new initiatives being put in place over winter to help us to manage these pressures and continue to deliver high quality services and care during times of increased demand and pressure.

Purpose and Aims

The purpose of this plan is to provide a strategic overview of the arrangements in place in Barnsley to enable the effective delivery of health services for our patients throughout the winter period. It focuses on meeting the needs of the population over the winter period and responding to the anticipated winter pressures and potential resurgence of COVID 19

The purpose of this plan is not to duplicate or replace other emergency preparedness, resilience and response or business continuity arrangements. Individual organisations will therefore have their own operational plans and detailed escalation processes.

This plan should be read alongside the Barnsley Integrated Care Partnership, Health and Care Plan 2021/22 which sets out the broader approach and priorities for health and care services during 2021/22.

The Barnsley Strategic Winter Plan is not intended to duplicate or replace individual provider/partner operational plans and processes which form an integral part of business continuity arrangements. It is intended to set out the 'system arrangements' for winter and complement the other plans by increasing the focus on winter and providing a co-ordinated approach across the whole health and social care system.

Our aim is to provide safe, effective and timely care for our patients and population through the delivery of our reset plans and amidst any subsequent resurgence of the COVID-19 pandemic and anticipated demands on services through the 2020/21 winter period.

Governance

The Barnsley Urgent and Emergency Care Delivery Board, chaired by the Deputy Chief Executive, Barnsley Hospital NHS Foundation Trust is responsible for bringing together all local Health and Social Care partners to develop a co-ordinated and planned approach to dealing with urgent care and the pressures associated with winter, ensuring an integrated response to any emergency or disruptive challenge impacting on the health community.

The Delivery Board is responsible for the co-ordination and local assurance of system planning ahead of winter to ensure a whole system approach to preparing for and managing winter, seasonal flu and other pressures across the local hospital system, as well as the NHS and social care more generally.

The Delivery Board membership consists of representatives from the following organisations:

- Barnsley Hospital NHS Foundation Trust
- NHS Barnsley Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust

- Yorkshire Ambulance Service
- Barnsley Healthcare Federation
- Barnsley Metropolitan Borough Council
- Barnsley CVS
- Healthwatch Barnsley

Each organisation has an executive level representative identified to attend the Board.

The Delivery Board has clear terms of reference setting out the scope, purpose, responsibilities and membership of the Board.

The Board plays a key role, supporting the development of a Barnsley response to national, regional and local requirements for urgent and emergency care, ensuring partners' actions are co-ordinated and pulled together to form a cohesive local strategy for improving and delivering integrated urgent care services in Barnsley. The Board also has oversight of performance and provides the strategic level of support for escalation arrangements and ensures a system wide response addressing and significant periods of pressure.

Whilst the Delivery Board brings all partners together to provide collective ownership of the challenges and develop shared plans, each organisation has its own governance and decision making arrangements which need to be adhered to. The members of the board have the responsibility of taking recommendations of the delivery board through these governance arrangements where a decision is required by an individual organisation.

Barnsley Health and Care Plan 2021/22

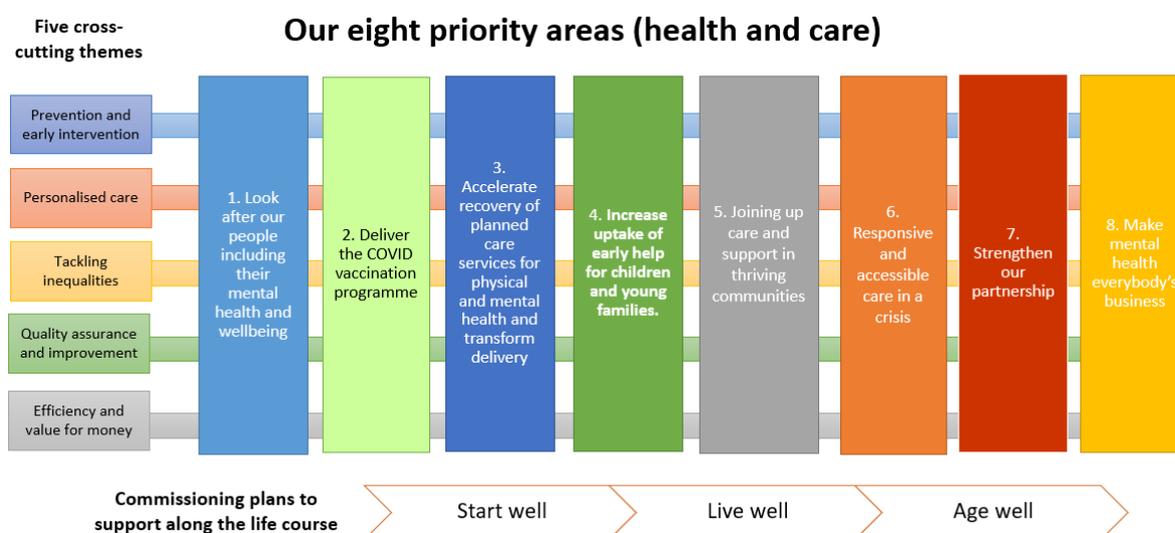
The last year has been incredibly difficult for everyone. For health and care services it has been a period like no other services continue to be under significant strain. During the early part of the pandemic back in spring 2020 the pressure was to prepare for a likely surge in illness, maintain essential services and protect staff and service users from exposure to the virus. During the summer and Autumn staff worked tirelessly to restore services, accelerate treatment for people who had experienced delays and to encourage those people who chose to stay away from services to return if they had concerns about their health.

Many people have waited longer for treatment because of the pandemic and whilst the majority of services were sustained or have been recovered, social distancing measures and the limitations of the health and care estate mean that not all services are operating at the same level as before the pandemic. We remain committed to restoring services safely and as quickly as possible as well as building back fairer by prioritising those people most at risk of poor health outcomes.

Recently, on the back of easing of restrictions we have seen a big increase in demand for health and care services and this has already been resulting in some people experiencing

difficulties accessing care when they want it. Many services are now experiencing unprecedented levels of demand. Across general practice, A&E and parts of community services activity is now higher than before the pandemic and is becoming unsustainable.

Our eight priorities for 2021/22, set out below, build on the progress made over the last year to sustain and transform services during the pandemic whilst also recognising the associated ongoing demands. The five cross cutting themes run through all of the work.



The key deliverables against each of these priorities is set out in the table below

Priorities	Deliverables
Look after our people including their mental health and wellbeing	<ul style="list-style-type: none"> • Launch a Barnsley Health and Social Care Academy • Create partnership wide training opportunities bringing together 100's of staff to learn together and share practice
Deliver the Covid Vaccination Programme	<ul style="list-style-type: none"> • Deliver the COVID vaccination programme in line with national requirements • Undertake focussed work on low uptake groups using targeted approaches and behavioural insights to maximise uptake
Accelerate recovery of planned care services for physical and mental health and transform delivery	<ul style="list-style-type: none"> • Establish measures to ensure the safe and effective care for people waiting for treatment • Provide targeted interventions to encourage those who have stayed away from services to come forward and access treatment • Extend advice and guidance, patient initiated out-patient follow up, video appointments

	and other innovations to create more efficient pathways and choice for patients.
Increase uptake of early help for children and young families	<ul style="list-style-type: none"> • Establish mental health and wellbeing teams in Barnsley Schools • Create a single point of access for children and young people's emotional health and wellbeing services • Work with local maternity and neonatal services to improve services and outcomes for parents and babies
Join up care and support in thriving communities	<ul style="list-style-type: none"> • Have more and better conversations with people about their health and wellbeing and how we can co-produce solutions to issues that matter to them. • Deliver targeted, proactive interventions to those who are at greatest risk of poor health and wellbeing outcomes and inequalities. • Work with our communities to increase resources that support health and wellbeing.
Responsive and accessible care in a crisis	<ul style="list-style-type: none"> • Provide consistent messaging and signposting support to best utilise self-care and urgent care away from A&E • Review and implement and new 'front door' navigation and streaming model • Introduce new clinical standards for emergency care
Strengthen our partnership	<ul style="list-style-type: none"> • Work with our staff and stakeholders to adopt and deliver a place-development strategy
Make mental health everybody's business	<ul style="list-style-type: none"> • Produce and all age mental health strategy to underpin delivery across our partnership, increasing provision of early support

Lessons Learned from Winter 2020/21

There is an ongoing process for reviewing pressures within the system throughout the year with regular discussions taking place at the UEC Delivery Board. In addition all organisations have their own internal review processes to inform the development of operational plans. Looking back at the winter of 2020/21 and the early part of 2021 the key lessons identified by the UEC Delivery Board to take into 2021/22 were:

- Having a clear focus at the Urgent and Emergency Care Delivery Board and recognising the whole system pressures and role in supporting resilience.
- Maintaining robust governance arrangements including escalation and exception reporting arrangements – strategic through to daily operational calls.
- Maintaining mature relationships across place at strategic and operational levels and working collectively and collaboratively to manage pressures and demand. Barnsley system 'Bronze' established in response to COVID and retained has provided additional capacity to work through key issues and identify solutions e.g. Implementation of Discharge to Assess
- Continuing to increase utilisation of the Rightcare Barnsley service, linking key services together to support admission avoidance, flow and discharge. Increasing referrals from 111 and Ambulance to allow access to SDEC and out of hospital services.
- Proactive social care support for discharge through the Hospital Social work team – including 7 day working.
- Discharge to Assess arrangements established rapidly in response to COVID to ensure timely discharge from hospital and improve patient experience. This included a strong partnership approach with a multi-disciplinary approach to discharge planning.
- Flexibility of IHEART primary care at scale services (out of hours, extended hours and COVID services) to meet peaks and surges in demand including over bank holiday periods.

Key System Risks

Whilst the year on year learning and continuous service developments help to ensure plans are robust and services are able to effectively manage the pressures associated with winter, there will inevitably still be some risk across the system over the winter period. This plan, along with the individual organisation plans and the escalation arrangement in place in Barnsley and across South Yorkshire and Bassetlaw aim to mitigate some of these risks.

Each partner organisation has strategic and operational risk management arrangements and risk registers in place and these are monitored through the individual organisational governance arrangements.

The key risks/issues for the winter period, identified by the UEC Delivery Board are:

- Excessive demand for services across all areas of the system
- Risk of further pressures as a result of the rate of infection with flu and fluctuating levels of covid19 infection – Staff and Patients
- Resilience and capacity of external provider market for social care provision - Home care / Reablement resource to meet demand
- Risks to discharge and flow due to capacity in NRU, IMC & community care packages
- Workforce challenges – Sickness, morale, and mental health
- Multiple outbreaks of flu and/or covid-19 in community including care homes
- Consistency of Primary care provision for streaming and navigation at the A&E Front Door
- Ongoing Covid19 issues – Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing

Readiness for Winter 2021/22

The plans for winter 2021/22, both operational and this strategic plan aim to ensure that learning from winter along with key risks identified have been taken account of and that the resilience of services is strengthened to ensure access to the right care at the right time and in the right place.

The Barnsley UEC Delivery Board will undertake ongoing review and evaluation of capacity and demand across the system throughout the winter period and will escalate any issues as appropriate through the Integrated Care Partnership.

The Integrated Care Partnership Delivery Group acts as the Partnership 'Gold Command' for managing escalations due to pressures in the system. The ICP also has an operational 'Bronze' Group which supports partners at an operational level with planning and delivery of actions to mitigate issues.

Each organisation will have operational plans in place for winter including details of specific actions aimed at ensuring staffing capacity and service resilience over winter and each organisation has escalation processes in place and appropriate business continuity arrangements and plans. Current arrangements are in place across the system include a common escalation framework which includes clear actions for all partners in response to the level of pressure being experienced across the system. The escalation framework is based upon the national OPEL framework and will therefore be reviewed and refined in line with any changes to this framework.

SitRep calls take place on a regular basis dependent upon the level of demand and operational pressures escalation level (OPEL). The SitRep calls include Acute, Community, Social Care (including reablement), Primary Care and Ambulance providers, all of who have access to the local escalation information, and the CCG. The frequency of SitRep calls is adjusted to reflect the level of demand and pressure on services and in times of extreme pressures this will be at least daily.

The escalation and SitRep arrangements will continue to be used as the mechanism for identifying any potential surges in demand or capacity issues and ensure that these are managed effectively, flexing resources where appropriate to respond to areas of specific concern. These arrangements also provide the mechanism for de-escalation.

All organisations also have in place infection control plans linked to Emergency Preparedness, Resilience and Response arrangements which would come into place should there be an outbreak of infection such as norovirus or potentially a flu pandemic. Plans also include business continuity arrangements. Details of any outbreaks are reporting into the SitRep calls.

In addition to information arising from the escalation and SitRep arrangements, the Urgent and Emergency Care Delivery Board will continue to receive the monthly UEC performance dashboard on key performance and activity information to ensure system wide oversight of performance issues and risks.

There will also be ongoing communications and engagement activity in place throughout the lead up to and over the winter period. A dedicated budget has been identified to support the delivery of the communications and engagement plan. Part of this will be utilised to support the delivery of communication activity, promoting 'Think 111 First' and the 'Help us to Help You' campaign and the [Healthier Together](#) website providing advice and guidance for parents, carers and children and young people.

The second part of the funding will be offered as small grants to local voluntary and community sector groups to work with the target communities to deliver relevant interventions in 2021/2022. Support to administer these grants would be sought from Barnsley Council.

There will also continue to be ongoing COVID and Flu awareness raising activity encouraging everyone to continue to take sensible steps to reduce the risk of spreading infection and to maximise the uptake of both flu and COVID vaccinations across the Barnsley population.

Barnsley Plans for 2020/21

Across Barnsley there are a wide range of transformational plans in place aimed at improving integration between services, improving outcomes for patients, ensuring that pathways and referral processes are in line with national variation and reducing health inequalities for our patients.

This includes the Barnsley UEC Delivery Board Plan which includes the key priorities to help to deliver the change required to meet the needs of patients and ensure that growing demand for services can be met in the most appropriate way.

The key UEC priorities are:

- Front door streaming/navigation – including increasing alternative dispositions to ED and bookable appointments across the system
- 111 First and wider communications
- Same day emergency care (SDEC)
- Directory of Services (DoS) – Ensuring all available service options are available to 111 and other Health Care Professionals

This winter plan is not intended to duplicate these and therefore this section sets out the headlines specifically related to managing demand over the winter period, demonstrating how key elements of our plans come together to meet expected levels of demand by ensuring appropriate capacity is in place across the system and in order to manage peaks in pressure that we see every year over the winter months and taking into account the potential impact of any increase in the prevalence of Covid 19.

The plans for each part of the system have been developed taking into consideration the expected demand levels, capacity requirements and work force challenges to reflect the Key Lines of Enquiry (KLOE) developed by NHSE/I to support winter planning considerations.

KLOEs will be developed to support conversations, grouped under five specific domains



EXTERNAL EVENTS

Systems should consider both national and local factors beyond the immediate healthcare setting and how these have the potential to impact on the domains below. Systems may wish to use strategic planning techniques such as PESTLE analysis to support this. These events may be things that are unusual for this winter, such as the impact of covid-19 prevalence or they may be routine winter challenges such as short term influxes/outfluxes of tourism, extreme weather events or routine movement of staff between sectors

DEMAND

Systems should use sophisticated techniques to model expected demand on their services across the winter period. Such plans should consider a range of scenarios and be realistic around what is expected. Where providers do not have good history of accurate forecasting additional analytical support should be considered as well as signposting to national planning tools

CAPACITY

Systems should thoroughly review their available physical capacity including, but not limited to, inpatient spaces. Where the capacity available does not meet the predicted levels of demand mitigating actions must be taken. Systems should also define thresholds at which capacity risks being overwhelmed and agree clear escalation procedures if these tolerances are met. Systems should also make sensible assessments of how IPC protocols will impact on available space looking to maximise digital solutions

EXIT FLOW

Systems should review points of interaction between services and identify instances of friction. Where delays are identified systems must ensure approaches are in place to alleviate these agreed between affected parties. Processes should ensure care pathways are optimised with only patients requiring an inpatient stay being admitted and that discharge takes place promptly

WORKFORCE

Systems should ensure that both clinical and non-clinical workforce levels are reviewed and aligned to the expected levels of demand and capacity. Steps must be taken to ensure all rosters are completed in good time and any workforce gaps mitigated as far as possible. Procedures should also be agreed to manage short notice sickness effectively to limit this impacting service delivery, this should include system-level interventions such as staff passporting and integrated working arrangements

Summary of headline actions

Preventing/minimising urgent care demand	Access to urgent/same day care and treatment	Treatment (in-patient care) and flow	Discharge and out of hospital support
<ul style="list-style-type: none"> • Communications and engagement activity to help people to understand and choose the right services • Increasing access to alternative services from 111 • Ensuring all LTC reviews are undertaken in a timely manner • Maximising use of additional roles in Primary Care • Pulse oximetry@home pathways • Extending core hours of Neighbourhood Teams and Urgent Community Response • Nursing capacity for step up palliative care provision • Increased capacity to support Crisis Response nursing out of hours to prevent patients requiring care home or hospital beds • Increased focus on secondary prevention to avoid escalation up pathways. • Out of hours CAMHS crisis line 	<ul style="list-style-type: none"> • Additional capacity in 111 and 999 services • Improving Ambulance handover process • Increased ED capacity • Additional majors' capacity including additional bays following reconfiguration. • Introducing physical and digital navigation/signposting to alternative services • Improving GP/streaming in ED • New co-located Children's ED and Assessment Unit • Fully embedded the 24/7 Community Crisis Response within 2 hours. • All age Mental Health Liaison - 1hr response • New CAMHS model embedded • Psychiatric Liaison Service provides 24-hour cover (all ages) 	<ul style="list-style-type: none"> • Increased critical care capacity • Flexible use of bed capacity to provide for additional beds as required • Increased capacity and hours of medical and surgical same day emergency care (SDEC) • Direct access to SDEC via 111/999 and other HCP's through Rightcare Barnsley • Paediatric RSV pathways in place between secondary and primary care • Intermediate Care bed capacity in place to provide rehabilitation for patients unable to return home • Maintaining capacity in in-patient MH services • MH patient flow service, 7 days 	<ul style="list-style-type: none"> • Virtual 'COVID Ward' supporting patients outside of hospital • Discharge Hub in place • Increased capacity for rehabilitation support and intensive rehabilitation therapy through Neighbourhood Rehab Service (NRS) • Comprehensive Discharge to Assess model with additional assessment slots from September 2021 • In-reach support and early supported discharge for patients admitted to hospital due to respiratory conditions • Increased hospital social work cover • Increased use of tech and equipment to support patients at home • Work with current home care providers to increase capacity • Five additional home care providers identified • Additional reablement capacity

Further details of issues affecting demand, actions to maximise capacity and maintain/enhance services over winter and workforce plans are included below

Acute

Demand

- A&E attendances expected to be 100-110% of 19/20 levels
- Non-Elective activity is rising month on month and is expected to be back to 100% of 2019/20 levels (which were high in comparison to similar neighbours) by Q3/4
- Elective recovery will continue over winter with planned activity at 95% of 2019-20 levels. Referrals have increased to near the same levels.
- Covid activity is expected to remain at c5-10% bed base

Actions and plans to maximise capacity and maintain flow

- Capacity is in place to support approximately 300 attendances day in ED (including limited GP stream)
- Critical care capacity has been increased to 3x 19/20 baseline
- Additional 'majors' capacity through reconfiguration to create additional bed space in ED
- Bed capacity is in place to match 2019/20 levels with provision for a further 38 flex beds (including 20 bedded medical ward scheduled to open Nov 21)
- Additional imaging workforce is in place for winter to provide additional imaging capacity
- Medical & surgical SDEC to be in place 12 hours per day, 7 days per week with 2 hour diagnostic turnaround. Direct access pathways are in place via RightCare for GP referrals and YAS pathways are in place for direct access
- Emergency Department are able to flex capacity where activity is exceeding expected demand through use of agency staff.
- Point of care testing machines are available in ED, SDEC and AMU to support admission pathways and flow.
- A virtual covid ward has been established and will continue to be in place to support patients outside of hospital.
- Discharge hub is in place and working effectively.
- Work is ongoing as part of the SYB ICS iUEC programme to improve ambulance handover times and processes
- Working with SYB ICS UEC Programme to introduce digital navigation at the front of ED to signpost patients to appropriate alternative services such as SDEC, GP services, Pharmacy etc
- Paediatric RSV pathways developed between secondary care and primary care. (Comms plans include raising awareness of pathways)
- New co-located Children's ED and Children's Assessment Unit in place and already seeing impact in reduced admissions and better linkages to Children's Community Nursing Teams.

Workforce

- Temporary staffing will continue for medics, nursing, therapy & imaging to support gaps from vacancies, sickness, maternity & additional work, managed via workforce group & reported to Executive Team monthly.
- Seasonal recruitment has been approved for imaging, pharmacy, nursing, therapy.

Ambulance/111

Demand

- 999 and 111 services have been under significant pressure since Autumn 2020 and even further from May 2021
- 999 calls received have increased by 30% in 2021 (including calls back to patients where delays occur)
- Increased ambulance handover times increase impact of additional demand by restricting resource availability
- 111 demand running above expected levels (17% Apr – Aug 21)

Actions and plans to maximise capacity and maintain flow

- Strategic level calls with all key internal directorates present (999, 111 & PTS) three times p/week. There is also 7 day on-call strategic rota with tactical support 24hrs. When required, the strategic cell has been stepped up to daily calls in order to manage demand and initiate actions.
- Additional capacity (supported by additional funding) is being put in place across frontline services, 111 and the emergency operations centre.
- Plans are in place to maintain sufficient supplies (consumables, PPE, winter stocks etc to keep vehicles on the road) and good link are in place with NHS Supply Chain
- Implementation and embedding of 111 First, working with DOS leads and improving pathways
- Continue to work with hospital ED teams to improve handover delays
- Strengthen PTS services by increasing opportunities to do multi patient journeys taking a risk based approach
- Working with commissioners re 111 clinician access across IUEC system

Workforce

- Redeployment of clinical staff in non-clinical roles back to frontline work, and the bolstering of frontline operations with private provider ambulances and transport vehicles
- Recruitment underway for additional capacity
- Ensuring capacity and demand alignment to maximise capacity during peak times.

Community Services

Demand

- **Neighbourhood Teams:** Surge in demand is estimated to be around 5% to 7% based on previous winters, this will be managed through business continuity and caseload management.
- **Neighbourhood Rehabilitation Service (NRS):** Increase in patients supported at home from 70 to 100. Plans to accommodate a 20% surge in home visiting requirements (exceeding the 100 beds) are in place utilising overtime and increases in part time hours.
- **SPA** Further roll out of pathways with YAS via our Integrated RightCare SPA for Crisis Response and Breathe Community Respiratory Service.

- **IV's in Community** Expand the first IV pathways to include residents in Care homes with Chest and UTIs infection utilising skills and knowledge from our specialist teams.
- **EOL Care:** increase in fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. We would look to access the Better Care fund for these beds and pilot during this winter. 2 Nursing beds required
- **Crisis Response** nursing, out of hours, seeing an increase in need for wrap around care to keep people safe until core services come back on stream at 8am

Actions and plans to maximise capacity and maintain flow

- **Neighbourhood Teams** - to ensure core hours are extended as per specification and mobilisation. Recruitment almost complete which also links to the new National Anticipatory Care specification / modelling. This will also link into our Crisis Response Service. Full recruitment will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours and agency, where required, but being mindful not to overburden current staff with extra hours.
- **Neighbourhood Rehabilitation Service (NRS)** recruitment against new model is almost complete. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT and Physiotherapy being sited together allows for more flexibility across the system to manage the demand and patient flow overall. This will enable the delivery of the increase in beds at home from 70 to 100.
- **Discharge to Assess** – this was implemented during Covid. A permanent model has been agreed between partners. Recruitment to additional posts, by BHNFT, is still underway with the team sitting in SWYPFT under at Memorandum of Understanding. We have developed a single hub for all adult therapy services and support workforce, with Social care, Reablement and Social Workers aligned within the team. Additional assessment slots will be available from September 2021, seeing an increase to 16 from 10.
- **EOL Care** – Arrangements are in place to secure nursing bed capacity in the Independent Sector, specifically for fast-track step up of palliative care patients that do not meet the hospice criteria but are not for hospital admission. Additional specialist training will be provided to care home staff and in-reach will be provided by the palliative care service.
- **Crisis response:** Agreed increased resource into Supportive Care at Home to support Crisis Response nursing out of hours to prevent patients needing to be stepped up to Independent Care Homes beds or hospital.
- Community Urgent Response capacity in place – working to increase utilisation and access via Rightcare Barnsley, particularly to reduce ambulance conveyance and hospital admission
- Increased focus on secondary prevention across all service areas, preventing patients escalating up pathways and requiring more complex care at home or in needing admissions to hospital.
- Increase focus on supporting self-managed care, reducing the frequency of home visits and clinic attendance where appropriate.
- In reach support and early supported discharge for patients admitted to Hospital and exacerbation management to avoid admission provided by the BREATHE service working with secondary care

Workforce

- **Neighbourhood Teams:** Drive to reduce vacancy factor will ensure minimum staffing levels in each neighbourhood to meet the current demand. We will review to ensure staff and patient safety is at the forefront. We will continue to explore bank, additional hours, and agency, where required, but being mindful not to overburden current staff with extra hours. Ongoing recruitment drive, hotspot Band 5 nurses, 5 WTE appointed ready to start October
- **Neighbourhood Rehabilitation Service (NRS)** recruitment is almost complete to new posts. This will allow for more capacity of rehabilitation support workers and more intensive rehabilitation therapy of patients under NRS. Community OT, Physiotherapy, Social care reablement and Hospital D2A therapy team being sited together allows for more flexibility across the system to manage the demand and patient flow overall.
- **Discharge to Assess** – Recruitment to key therapy post remains challenging but we are attracting candidates beyond the Barnsley provider boundary because of the positive narrative around partnership working

Mental Health

Demand

- Community Mental Health (adults/children)
- Pandemic related pressures continue to impact – with increases in mental health crisis, self-harm etc. presentations - business continuity arrangements remain in place.
- Specific demand pressures on adult SPA/core/IHBT service (including psychology).
- Adult Intensive Home Based Treatment (IHBT) caseload significantly increased. Currently 75 with average in last 6 months 67.
- CAMHS eating disorder pathway under pressure with high caseload numbers and increase in acuity.
- CAMHS eating disorder and crisis pathways adversely impacted by national shortfall of Tier 4 beds.
- IAPT referral levels during early stages of pandemic led to increase in waiting list/times.
- Modelling suggests significant increase in referrals across adult/children services from October 2021.

Mental Health Acute Wards and 136 Suite

- Last Winter and subsequent lockdown exit strategy has seen increasing pressures on beds and community services across the SWYPFT system. Since July these pressures have continued to rise exceeding typical winter demand. The psychological impact of the pandemic and lockdowns is not fully understood but there has been an increase in mental health crisis where alcohol, drug use and self-harm are a significant feature.
- Increased pressure on partnership agencies is reflected in a rise in referrals from emergency departments and section 136 usage. Pressure on the 136 suites continues to exceed commissioned activity assumptions and the three suites within SWYPFT are being utilised round the clock. The 136 suite in Barnsley has been impacted by the wider workforce pressures within inpatient services.
- The impact of covid infection on the wards risks further bed reductions due to cohorting/quarantine
- Pressure on social care provision is delaying discharge into care for older adults with dementia

Actions and plans to maximise capacity and maintain flow

Community Mental Health (adults/children)

- All-age liaison team at BHNFT maintaining effective response times. One hour response to referral in A&E's remains in the 90%+ range - Liaison function includes a specialist post focused on supporting high intensity users of A&E
- Working closely with police to develop other forms of support to service users well known to services.
- IHBT will operate 136 suite and triage functions from October 2021
- A dedicated street triage service is under consideration. This will offer real time advice, assessment and possible crisis alternative to 136 on site assessment
- IAPT capacity restructured to predominantly offer groups-based support. Waiting lists/times maintained.
- Out of hours CAMHS crisis line (Night Owls) under consideration.
- Adult SPA developing a brief intervention capability (as part of locally agreed ARRS). This will divert activity from core teams.

Mental Health Acute Wards and 136 Suite

- All wards are fully functional and acute OOA usage has remained at an all-time low despite the immense pressure of demand for beds.
- There is a centralised patient flow room located at Fieldhead, mirroring the acute trust winter room model. This assists the patient flow team in coordination
- The patient flow service now operates a 7 day model to manage communication between patient flow practitioners, gatekeeping services and the inpatient areas.
- We are working closely with police to look at offering other forms of support to service users well known to services. We have developed a high intensity user network which meets regularly.
- A dedicated street triage service is in place within four localities of the Trust but is not in place in Barnsley, outside of a telephone advice offer. This model works alongside police to offer real time advice, co assessment and possible alternative to 136 on site assessment
- The Psychiatric Liaison Service continues to provide 24-hour on-site cover for all ages including for younger people
- Last winter saw a restructuring of the CAMHS service and crisis response and this winter will see the formation of an all-age liaison service. These developments will have a significant impact on response to crisis (particularly in ED)
- Housing worker continues to be based within the patient flow service successfully supporting discharge where accommodation is a factor

Workforce

Community Mental Health (adults/children)

- Inpatient and community services are experiencing staffing pressures and high levels of vacancies.
- Seasonal ill health will compound existing vacancies.
- Ongoing a proactive utilisation of bank and agency staffing to supplement staffing levels.
- Senior cover at weekends has been stepped up to work through real time issues
- A number of incentives are being explored to ensure safe staffing levels are maintained.
- The Trust reviews safer staffing levels at EMT and there is a coordinated approach to the monitoring of safety, recruitment and retention
- Operational services work very closely with the bank team and safer staffing lead
- BCP's are in place for essential services and have plans for redeployment if staffing becomes critical or staff cannot make it to work due to weather
- Business continuity plans are in place to ensure cover during adverse weather conditions and during the holiday period

Primary Care

Demand

- Demand for GP appointments continues to rise and is above pre pandemic levels
- iHEART Extended Access is already seeing activity over 10% above usual levels and this is expected to increase further over the winter period.
- Out of Hours demand is high with expected demand rising further during the winter months
- The Blue Clinic is seeing continuous numbers of patients with COVID/respiratory symptoms and with ongoing high levels of infection rate in Barnsley this is not anticipated to reduce.

Actions and plans to maximise capacity and maintain flow

- All GP practices and primary care services are open and running at increased capacity to support additional demand.
- BHF working with BHNFT to improve the streaming offer
- Anticipatory Care Programme is in place to identify high risk patients taking a PHM approach and utilising risk stratification tools
- Ensuring that all LTC reviews are undertaken (prioritised by risk) and providing appropriate support guidance and onward referral – for example to the community BREATHE (Respiratory) service to support patients to manage their conditions
- Maximising use of additional roles such as First Contact Physio's, Physicians associates and Nurse associates to maximise capacity within general practice and increase available appointments with appropriate clinicians.
- Pulse Oximetry @ Home pathway is in place supporting for higher risk patients and helping to avoid exacerbation and potential hospital admission.
- Increasing capacity with the Blue (COVID) Clinic, extending operating hours to cover day and evening, providing additional face to face appointments for patients (Children and Adults) for patients with Covid symptoms to free up GP practices to support non Covid patients and provide face to face appointments where required including for all under 5's.
- Utilise PCN additional roles such as care coordinators and health and wellbeing coaches to provide advice and guidance as part of a targeted awareness campaign (linked to comms) around self-management, spotting early warning signs and improving knowledge on existing NHS services.
- Provide patients with information on how to self-manage respiratory infections in children and make them aware of other NHS services out there other than ED and GP practice.
- Work with secondary and community to ensure clear pathways and processes are in place to support patients with respiratory conditions, avoiding hospital admission or following hospital admission where this has been required
- Increased capacity in IHEART Extended Access services to provide additional appointments in Primary Care – from 1500 appointments in April 2021 to 1800 appointments per month from September
- Support to the delivery of the Oximetry @ Home pathway and Long Covid assessment and treatment pathways
- Roll out Community Pharmacy Referral Service to provide an alternative service for patients to be referred to from GP practices and 111.

Workforce

- Maximise the use of additional roles in Primary Care employed through the ARRS scheme through the PCN DES.
- Review of staffing rotas in extended access, OOH and hot clinics to make sure that capacity is aligned to expected demand and peaks in activity.
- Resilience arrangements in place between practices and supported by BHF to provide mutual aid and support where workforce or other issues put the delivery of the services at risk
- Utilise Locum support if this is required to maintain resilience across GP practices and other services.

Social Care

Demand

- Joint Commissioning working with operational teams to monitor level of demand in key areas (hospital discharge/reablement/home care/residential care).
- Demand for assessment has increased to support increased hospital activity and discharge requirements – this is in the context of capacity challenges in the market as a result of covid related staffing pressures.
- Challenges in the provider market has resulted in increased demand for support from reablement services as the provider of last resort.
- Review of demand for designated beds to be completed and solution agreed within bronze cell

Actions and plans to maximise capacity and maintain flow

- Increasing the hospital social work cover to 8pm Monday to Friday and increasing support over the weekends and Bank Holidays.
- Co- location with Community nursing teams to increase capacity and prevent duplication, when safe and appropriate
- Increasing the appropriate use of equipment, to reduce physical resource
- Pilot for Admission Avoidance & Social workers now deployed in GP practice
- All home care providers to be asked to consider review of packages to identify opportunities to reduce or change structure of packages to free up capacity
- Sitrep data collated weekly for home care and residential care provision to ensure accurate understanding of capacity available
- 5 additional home care providers identified to increase overall capacity for care packages
- New contract issued for bridging and additional reablement capacity to support hospital discharges
- Providers asked to review business continuity plans in preparation for winter
- Capacity in brokerage support increased to ensure sufficient cover for hospital discharges and CHC fast track

Workforce

- Staff levels across providers monitored using NHS capacity tracker

- Memorandum of Understanding to be re-issued to support shared staffing arrangements across care sector
- Development of a pool of bank staff
- In House provision to be utilised according to priority, should there be increased risk.
- Provider forums in place to explore opportunities around recruitment and retention

Ongoing Review and Evaluation

The Barnsley UEC Delivery Board will continue to have oversight of activity and performance and will oversee the delivery of the winter resilience schemes included within this plan. The Board will also continue to identify improvement actions to ensure that services are able to effectively meet the urgent and emergency care needs of the local population, and will support the local delivery of the South Yorkshire and Bassetlaw Urgent and Emergency Care Programme priorities.

Throughout the winter period the Board will undertake ongoing review and evaluation of plans, assessing the impact of the developments put in place and where appropriate identifying additional actions to support the system during periods of increased pressure.