



**NORTH LONDON PARTNERS**  
in health and care

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NCL Winter Plan 2021/22  
Joint Health Overview and Scrutiny Committee  
Friday 26 November 2021



# Introduction

Our plans for winter 2021/22 are set in the context of:

- Current levels of hospitalisation (due to COVID-19) expected to continue until the end of December 2021. In acute hospitals, Covid-positive patients occupying 2 to 3 wards and one-third of ICU beds.
- Development and use of robust mutual aid plans (including for the elective recovery programme and supporting escalation triggers in response to the pandemic) will support the response to winter planning.
- Service developments during the year have provided additional winter capacity.
- Particular focus on areas with poor patient experience including plans to reduce ambulance handover delays and reduce long waits for mental health patients in acute emergency care pathways.
- Continuation of the Think 111 First programme to stream non-urgent patients away from urgent care to more appropriate care settings – supported by national campaign and significant local activity.
- Pressures on urgent and emergency care (UEC) systems in primary and secondary care – with primary care appointments and emergency department (ED) attendances above pre-pandemic levels. The NCL system has agreed a series of actions to address these pressures including supporting Children & Young People (CYP) through:
  - early clinical triage and remote monitoring to help reduce emergency department attendances
  - boosting ED front door triage and refreshing streaming/redirection models.
- Capacity will be supported by mutual use of 239 community beds across NCL and the admission avoidance schemes in place including rapid response.

## Service developments to support Winter 2021/22

New additional measures will be in place to help mitigate pressures in the system.

- Expanding the Rapid Response team to support achievement of the 2-hour Urgent Crisis Response minimum standard.
- Investment in Enhanced Health and Care Homes (targeted in priority areas) to reduce inequity in service provision. All care homes in Barnet and Enfield will receive community in-reach for the first time.
- Integrated Discharge Teams (IDT) now established at each acute hospital to help improve the flow of patients out of hospital beds and maintain bed capacity across the system. These will remain in place throughout winter.
- To support the IDT function, there is a well-developed weekly NCL-wide Multi Agency Discharge Event (MADE). The group helps with expediting discharges and simplify complex discharge processes. These will be utilised throughout winter to help resolve complex discharge issues.
- Well developed mutual aid plans with escalation triggers agreed by providers in response to the COVID-19 pandemic and to balance managing winter pressures.
- Refined Governance structure, surge plans and capacity escalation process to oversee and support the system. System oversight through UEC Operational Group.

## Mental Health Winter Actions

### Alternatives to A&E

- Service for those without a medical need now available across NCL.
- 24 hour crisis line for all ages.
- Five crisis cafes across NCL providing easy access 7 days a week outside of core hours of mental health services offering a range of support both digitally and face-to-face.
- Direct walk-in access with known patients, improve timeliness of conveyance from EDs to Mental Health Clinical Assessment Service (MHCAS) and ensure all non-medical/mental health LAS conveyances are directed to MHCAS.
- Development of an NCL Crisis-Single Point of Access and linking with 111 work and perhaps the MH Ambulance.
- Crisis response times are 1hr emergency, 4hrs urgent, 24hrs routine.
- A Paediatric MH Liaison provision in all acutes mainly focused on wards.
- NCL CAMHS Crisis Service is available to see CYP who present with urgent and emergency mental health needs in the five NCL A&E sites in a timely and defined manner between 12pm and midnight daily. Out of hours psychiatry is available to respond 5pm – 9am.
- Crisis Hubs offers support and assessment for CYP outside of A&E departments 9am-midnight, 7 days per week.

# Mental Health Winter Actions

## Accelerated Discharge

- With engagement from social care so that there are no delays to discharging mental health patients.
- All Patient Flow initiatives will continue to maintain focus on reducing length of stay, Pre- Delayed Transfer of Care, Delayed Transfer of Care and maintaining prevention of admission activity.
- Multi Agency Discharge Event (MADE) and Super MADE (expanded MADE that includes LA and commissioning partners) continue to impact positively on the number of occupied bed days for patients with complex needs.
- Social care is delivered by Camden and Islington NHS Foundation Trust via s75 arrangements with both Camden and Islington local authorities.
- Investment in support workers for accommodation pathways is enabling a more efficient movement out of hospital for homeless patients and foreign nationals returning to home countries.
- Multidisciplinary team working to improve flow and free capacity locally for our patients and avoid delays, by working with system partners via scheduled weekly Delayed Transfer of Care, and daily monitoring of medically fit for discharge patients with Executive and Senior Management support via 'Grand Rounds'.

# Mental Health Winter Actions

## **Accelerated Discharge (continued)**

- Additional funding used to secure capacity; 2 x step-down beds. Work underway to agree Floating Enablement Support with the Local Authorities, as well as Discharge to Assess pathway pilot to expedite discharge pathways which can be bolstered should this be required.
- Discharge Facilitation Team, closely aligned to bed management team and staffed with one senior social worker per borough and third sector partners to expedite accommodation pathway issues.

## **Surge Planning**

- To ensure bed modelling is being carried out locally, considering impact of any increased demand and surge plans are in place – commissioning from private sector, opening closed wards or managing through enhanced community input

# Primary Care Capacity – Actions to Support Winter

- All practices complete fortnightly survey (SITREP) to provide feedback on:
  - current demand and capacity
  - specific pressures or emerging trends in increased patient presentations
  - whether doors are open, with planned follow up of targeted primary-care specific infection prevention and control (IPC), for any practices with concerns relating to provision of face-to-face care
  - long and short term support required to continue to deliver business as usual primary care.
- Practices that request support are contacted by a CCG clinical lead to discuss their needs and system-wide response to support primary care identified.
- Follow-up support is offered to any practices who identify that they are not able to offer sufficient capacity in any area, including provision of face-to-face appointments. Our primary care dashboard allows us to understand variation between practices, and offer support where required.
- Development of a primary care activity dashboard to bring together primary care datasets (including workforce), into a single place to allow both a strategic “at a glance” view of primary care demand, capacity and activity, and practice-level data to allow CCG teams to offer proactive support to practices where this would be useful.

# Primary Care Capacity – Actions to Support Winter

- Latest appointment data shows that capacity in routine primary care is now above pre-pandemic levels (2021 compared to 2019 data). Aggregated to NCL CCG level, 50% of appointments are face-to-face.
- Primary care dashboard will shortly provide this data at practice level. Reduction in capacity or critical gaps will be identified and acted on early through the SITREP process.
- Work underway to develop primary care-specific comms, to provide information on accessing services to patients. Initial discussions have taken place with Healthwatch to scope deliberative enquiry piece with members of the public on the model of primary care, particularly given current and anticipated system pressures and use of Total Triage.



# London Ambulance Service winter pressures

- London Ambulance Service has been experiencing significant demand and pressures on our 111 and 999 services this year.
- For LAS our winter has arrived early, with June, July, August, September and October being some of the busiest months we have ever experienced in our history.
- Since the start of the summer LAS has been consistently receiving more than 6,000 999 calls every day, and on some busier days that has risen to more than 7,000 calls. Before the pandemic, a usual busy day would be around 5,500 calls.
- We are anticipating this winter to be our most challenging yet, which is why we are developing a plan to maintain service delivery through the period of peak winter pressures and to ensure that we can provide high quality care to patients when they need us.
- We are planning to respond to and manage demand this winter in a variety of ways. This includes measures to secure 999 and 111 call answering resilience and resource availability, and to mobilise additional patient facing resources. We are also making a sustained effort to support our staff and volunteers during these busy times.
- As we approach what will be a busy winter while we are already experiencing high demand, we're asking Londoners to use us wisely and help us to help them.

## Reducing delays for ambulance patient handovers

- Reduction in delays to ambulance handover of patients is an area of focus in relation to poor patient experience and remains a high priority for this winter. Some measures are outlined below:
  - All Emergency Departments (EDs) have agreed handover plans that include clarification of the clinician responsible for the patients waiting to be handed over within the Trust, after the ambulance has arrived.
  - ED teams have reviewed escalation triggers and strengthened escalation responses for winter 2021/22
  - Ambulance cascade – enhanced intelligence triggering change of location for defined patient groups to sites with capacity within NCL.
  - Refinement of Rapid Assessment Teams (RAT) to facilitate safer and more timely handover of patients.
  - Refurbishment of resuscitation area to provide isolation capacity which enables Majors cubicles currently used for infected patients to revert back to rapid assessment space for ambulance conveyed patients (UCLH).
  - Ongoing promotion of other services (NHS 111, 2-hour Rapid Response ) as alternatives to ED for non-urgent issues.

## Next steps

Our winter planning for 2021/22 will be further developed through:

- Further consideration on workforce resilience.
- Building LAS expected demand into plans with some ability to flex what LAS is forecasting for this winter.
- Further development of system oversight and assurance processes including any response to forthcoming national guidance.
- Ongoing evaluation on system pressures and response.



# Winter resilience

Comms and engagement plan  
Autumn/Winter 2021/22



## Campaign overview

- Our ICS strategic vision is to provide high quality health and care services to support local people to ‘Start well, live well, age well and work well’. As we prepare for what is likely to be another challenging winter, there remains significant pressure on NCL services, alongside a need to maintain elective care, continue to vaccinate local people against Covid and flu and provide routine and emergency care.
- We will deliver an integrated communications and engagement programme to support residents, patients and health and care workers stay well and to access care in the right place at the right time.
- National campaigns (Winter, vaccine) will be tailored for North Central London. Building on the success of the Covid-19 vaccine work to date, a partnership delivery model is envisaged - with the CCG, NHS provider and Council communications and engagement teams working collaboratively.
- The system-wide public winter resilience communications and engagement campaign will be delivered over the next three – six months with collaboration and support across NCL’s partner organisations.
- The campaign will align a range of messages relating to winter preparedness including: building confidence and trust in the NHS, and that services are open; helping people know how to access services appropriately for different types of needs; flu and Covid vaccination promotion; providing reassurance and information on self-care and how to manage long term conditions; encouraging respect for staff and message of zero tolerance on staff abuse.

# Campaign focus

**Building confidence in NHS services;** 'NHS is Open' and NHS staff ready to care for you (including 'Respect' messaging)

**Immunisation as best protection;** promote flu and Covid vax (build confidence, drive uptake)

**Stay well this winter:** Reduce health anxiety and promote **self management and self-care** where possible with positive health and wellbeing messaging winter

**Right care, right place;** promote appropriate point of access – encourage everyone to seek the right care

- Clear offer for alternatives to A&E/UTC –111, Extended Access Hubs, SDEC, WICs
- Prioritise frequent attenders – parents, respiratory, mental health service users.
- Manage expectations/timing when A&E particularly busy – plan for escalation/incidents
- Encourage people to seek care when needed – e.g. cancer, paediatric conditions.

**Recovery narrative;** provide reassurance and remind of work to maintain elective care, reduce waiting lists and times and increase capacity

Encourage **longer term behaviour change** through using digital, where appropriate, (NHS 111, 111 online, telephone and video appointments).

# Approach: informing and influencing patients



## AWARENESS STAGE

- Clear and flexible access offer
- Use simple, consistent and positive messaging
- Information accessible and available in variety of formats.
- Reaching all communities particularly those at risk of health inequalities.
- Align with national campaigns
- Staff supported and empowered to signpost help.

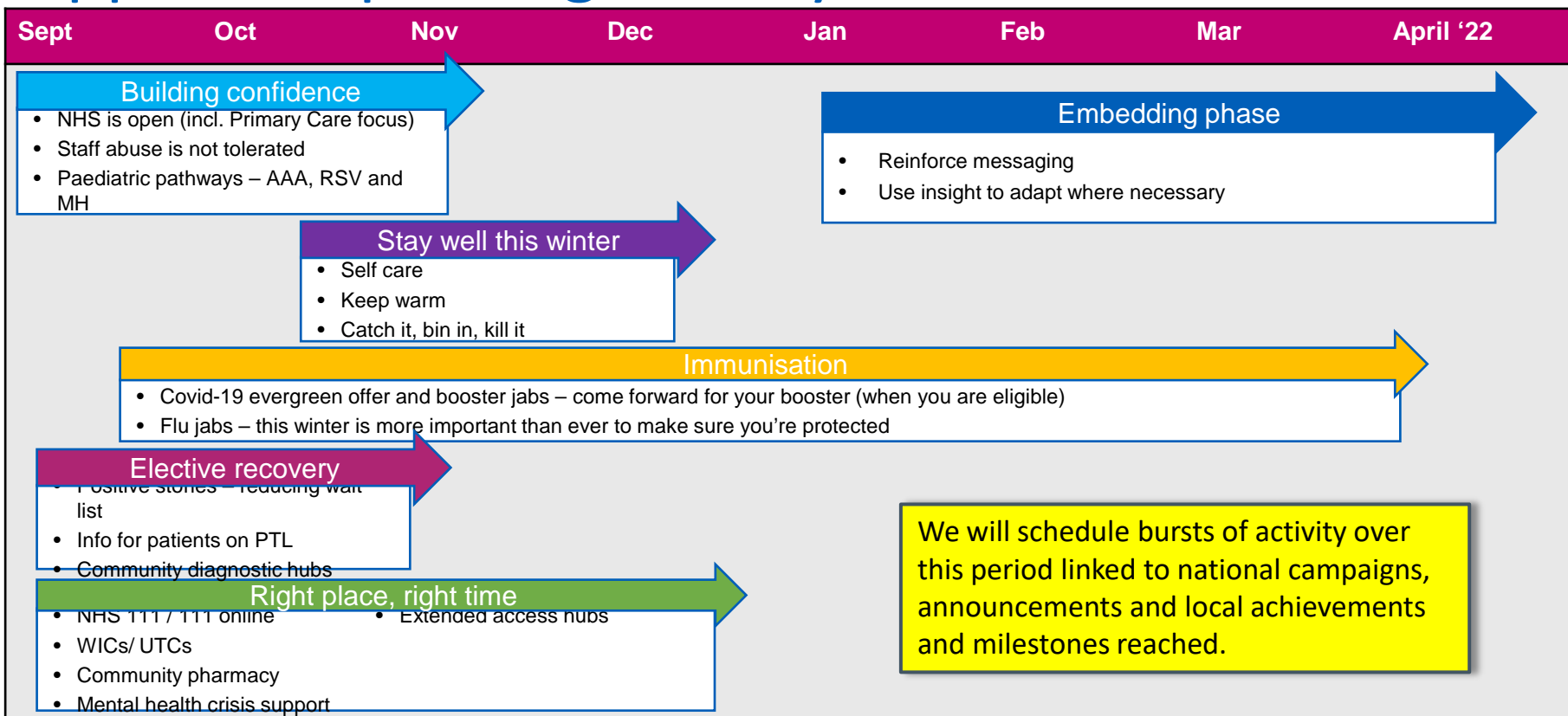
## CONSIDERATION STAGE

- Easy to find information on the most appropriate services
- Reassurance on self-care and how to stay well.
- Understanding different options available to suit needs.
- Confidence and trust in primary care, NHS 111, hospitals to help.
- Reassurance to reduce anxiety.
- Advice available via NHS 111/ 111 online

## DECISION STAGE

- It is easy to make the right choice.
- Confidence that advice or care will be provided in a timely way.
- Chosen access point is easy to access in a variety of ways.
- Reassurance about when to seek help and when to self-care.
- Clear advice about when to escalate
- The right choice won't be the same each time.
- Confidence in decision

# Approach: phasing activity





# Target audiences

- **Building confidence**
  - Staff as an important advocates for health and care, and local residents and healthcare users
  - Partners including councils and local voluntary and community organisations
- **Immunisation:**
  - Evergreen offer to cohorts 16 + (particular focus on 16-30 years)
  - 12-15 year olds
  - Priority cohorts for boosters
  - Priority cohorts – pregnant women, over 65s, adults 50-64 years, clinical risk groups (aged 6 months-49 years), unpaid carers, children aged 2-16
- **Staying well this winter**
  - Parents with young children
  - Mental health service users
  - Elderly and residents with long term conditions and co/multiple morbidities
- **Right care, right place**
  - Frequent attendees – in particular for primary care and A&E (paediatric and mental health)
  - Focus on north of patch, geographical areas around North Mid/Barnet Hosp, as busiest
- **Elective recovery**
  - Residents on PTL, patient rep organisations
  - Referrers including GPs

# Engagement and community outreach

- For our campaign to have impact, community-tailored outreach work will be critical
- We have learnt a great deal through Covid-19 vaccination, and we can now build on built strong relationships with communities and partners developed through the MDTs in each borough
- We will also work collaboratively with NHS organisations particularly in relation to elective recovery and urgent and emergency care.
- To make a real impact and address health inequalities we need to think innovatively and work with partners in councils and VCS organisations to start conversations with communities we haven't yet reached.
- We know that some local communities are not accessing, and may not trust, services - our focus must be on working with, and through partners, to co-design outreach and involvement activity
- We will use insight, local knowledge and collaborate with partners and communities to develop and implement a six-month engagement and community outreach plan, with flexibility to tailor to the needs of local people in each borough
- Investment in community outreach and involvement work will deliver beyond Winter, supporting us to build an impactful long-term model of partnership working with the VCS.

# Tactical approaches

- Create a coordinated NCL campaign with a consistent core narrative.
- Focus on north of patch, parents, mental health service users, the elderly and those at risk of health inequalities.
- Ensure messaging is aligned to national campaigns 'Boost your immunity', 'NHS 111 First'.
- Develop and print local assets that align with national materials.
- Reuse local assets, such as the flu animations: [view here](#)
- Schedule bursts of activity, building on awareness campaigns, such as 'Ask your pharmacist week'.
- Develop paid-for social media campaigns targeted at priority demographic groups.
- Allow for local nuance in message and delivery to meet the needs of local people.
- Deliver regular stakeholder briefings for senior health care leaders and political stakeholders.
- Identify opportunities for proactive media engagement and manage issues.
- Use local insight and data to tailor messages and identify communities at risk of health inequalities.
- Undertake evaluation and monitoring to ensure we are taking an evidence-based approach.



## Coordinating a system narrative

One important element of the plan will be to align communications and engagement activity taking place across NCL, coordinating messaging across primary care, secondary care and other partners

The winter resilience campaign will support some of the actions that the CCG and colleagues within primary care are taking in response to the recent NHS England publication, **‘Our plan for improving access for patients and supporting general practice’**.

This includes:

- a narrative to counteract negative media messaging about primary care
- helping patients to access appropriate services
- building understanding of the range of different appointment types and healthcare staff available to support patients in primary care
- reinforcing a message of respect and kindness towards NHS staff.