

Cheshire East Place System Winter Plan 2022/2023



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Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023

Our system plans ensure that local systems are able to manage demand surge effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

Our system ambition is to ensure a good Winter is delivered by supporting people to remain well and as healthy as possible at home, having responsive effective services, and a system that is resilient, resolution focused and has a shared vision to deliver meaningful positive Health and Wellbeing outcomes for the population of Cheshire East.

Key Deliverables



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Our ambition is to have a consistent and improved offer for our people, deliver improved outcomes and a better experience of support, whether that is by assistive technology, in the Community and when necessary, in Hospital for our local population.

The delivery of a quality, safe, effective and sustainable services to support people requiring health and social care, in order to manage flow and prevent people deconditioning in hospital, this will be measured through the delivery of the following;

- 4 hour emergency standards
- Local and National waiting time targets
- Bed Occupancy
- Operational Pressures Escalation Levels (OPEL)
- System Escalation Management and Oversight
- Delayed discharges / Long Length of Stay
- Criteria to Reside
- System Capacity – Acute & Community
- Access to Community Services
- Surge Management and Demand
- Mutual Aid Requests
- Maximisation of Community voluntary sector capacity
- Prioritising workforce Health and Wellbeing

In conjunction with these deliverables, system partners will continue delivery of the Elective care recovery and restoration trajectory.

National System Drivers



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NHS England 9 Winter Priorities 2022-23

New variants of COVID-19 and respiratory challenges

Demand & Capacity

- Bed based resource
- Virtual wards
- High intensity user services
- Community 2 Hour response
- Primary Care
- Mental Health
- Cancer referrals
- Elective care

Discharge (reduce delays/LLOS)

Ambulance service performance

NHS 111 performance

Preventing avoidable admissions

Workforce

Data and performance management

Communications

UEC Objectives

- | | |
|---|---|
| 1 | Prepare for variants of COVID 19 and respiratory challenges |
| 2 | Increase capacity outside acute trusts |
| 3 | Increase resilience in NHS111 and 999 services |
| 4 | Target category 2 response times and ambulance handover delays |
| 5 | Reduce crowding in A&E departments and target the longest waits in ED |
| 6 | Reduce hospital occupancy |
| 7 | Ensure timely discharge |
| 8 | Provide better support for people at home |

Local System Drivers



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Cheshire East Winter Ambitions

To meet a fluctuating demand and maintain flow with safe and responsive Health & Social Care services

Ability to access community provision unhampered by covid or other viral infections & Infection Prevention

To protect, expand and retain a healthy and resilient workforce

To support and improve access to Primary Care

To promote Self-Care and help our population to 'Choose Well' when contacting Health Care Services

To maximise the transformation momentum and current resources to construct a sustainable model of Home First delivery

Increased use of Voluntary Community Faith Sector

To attain performance recovery as agreed with NHSE/I and achieve favourably amongst Cheshire & Merseyside peers
A&E attendances reduced and no ambulance delays

High uptake in the Flu and COVID-19 vaccination boosters

Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.

Robust governance and system oversight

Demand Forecasting



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Demand & Forecast modelling detail: [BI Demand Modelling Oct to Mar 2023](#)

Forecasted demand (October 2022 to March 2023) for A&E attendances, non-elective admissions and total discharges, for Cheshire East registered patients attending an NHS trust in England. These forecasts are reported for all providers, for Mid Cheshire Hospital NHS Foundation Trust and East Cheshire NHS Trusts, and for all other trusts excluding East and Mid.

A&E attendances

Forecast month	All	East	Mid	Other
Oct-22	9,700	3,610	4,940	1,960
Nov-22	8,920	3,330	4,620	1,790
Dec-22	8,720	3,220	4,530	1,720
Jan-23	8,660	3,220	4,600	1,680
Feb-23	7,970	2,970	4,280	1,550
Mar-23	9,180	3,300	4,760	1,830

Non-elective admissions

Forecast month	All	East	Mid	Other
Oct-22	3,630	980	2,050	660
Nov-22	3,500	940	1,990	650
Dec-22	3,430	910	1,950	640
Jan-23	3,390	900	1,950	620
Feb-23	3,140	850	1,800	570
Mar-23	3,500	950	1,990	660

Total discharges

Forecast month	All	East	Mid	Other
Oct-22	5,110	1,090	2,820	1,270
Nov-22	5,000	1,070	2,750	1,260
Dec-22	4,830	1,040	2,670	1,200
Jan-23	4,720	1,010	2,640	1,160
Feb-23	4,510	950	2,510	1,140
Mar-23	5,150	1,090	2,830	1,330

Pathway 0 discharges

Forecast month	All	East	Mid	Other
Oct-22	4,440	910	2,380	1,140
Nov-22	4,340	890	2,320	1,130
Dec-22	4,200	870	2,250	1,080
Jan-23	4,110	840	2,230	1,040
Feb-23	3,932	800	2,110	1,020
Mar-23	4,500	910	2,390	1,190

Pathway 1 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	68	170	55
Nov-22	290	67	170	54
Dec-22	280	65	160	52
Jan-23	270	64	160	50
Feb-23	260	60	150	49
Mar-23	300	69	170	57

Pathway 2 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	59	190	42
Nov-22	290	58	190	42
Dec-22	280	56	180	40
Jan-23	280	54	180	38
Feb-23	260	52	170	37
Mar-23	300	59	190	44

Pathway 3 discharges

Forecast month	All	East	Mid	Other
Oct-22	160	51	76	33
Nov-22	160	50	74	33
Dec-22	150	49	72	31
Jan-23	150	47	71	30
Feb-23	140	45	68	30
Mar-23	160	51	76	35

Demand Forecasting



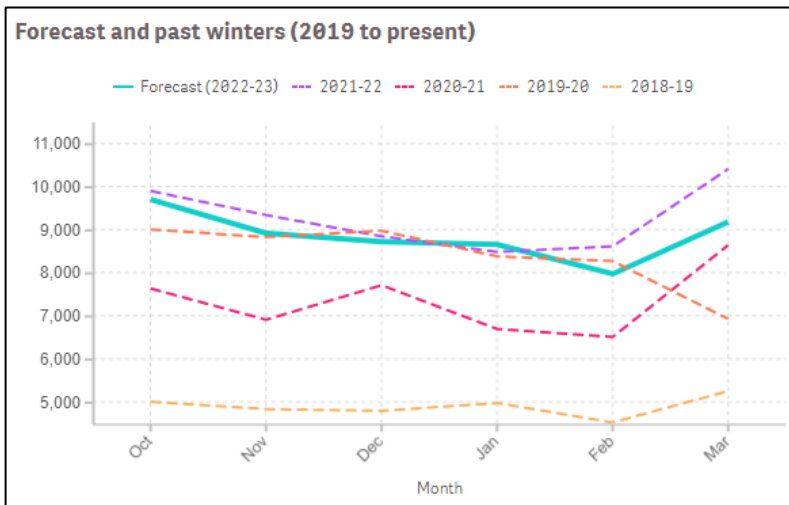
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Each of the provider splits (all, East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other) have been forecast separately to capture specific yearly patterns and long-term trends, and as such the all-provider forecast is not always equal to the sum of the East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other provider forecasts.

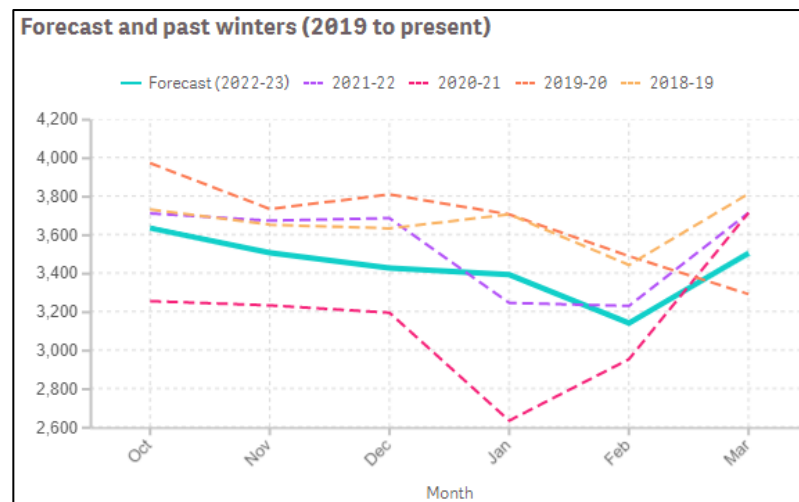
Generating Forecasts

- Historic data on demand metrics was used to create models of yearly patterns and long term trends, using the Facebook Prophet algorithm.
- These models were used to forecast monthly demand figures for winter 2022-23.
- Data on demand in the periods of 2020 and 2021 impacted by COVID-19 was included in the modelling to help inform yearly patterns. The models used are able to separate these yearly patterns from sudden changes in trend driven by COVID-19 through comparison with other years of training data.
- The latest overall trends in demand are determined by data from winter 2021-22 onwards, not by data from the periods of 2020 and 2021 impacted by COVID-19.

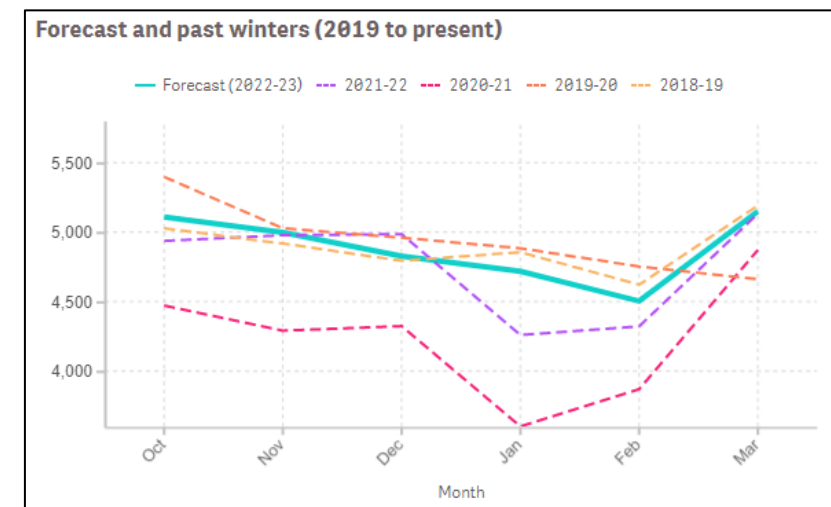
A&E attendances (all providers):



Non-elective admissions (all providers):



Total discharges (all providers):



Performance Management & Escalation



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Cheshire East Assurance:

- ✓ Daily Multi Disciplinary Team meetings
- ✓ Weekly Capacity Dashboard – System understanding of current capacity issues and risks
- ✓ Patient harm reviews, reflective learning and measures and controls implemented to reduce harm – Quality & Safety Forum
- ✓ Monitoring of key improvement initiatives to demonstrate system impact and effectiveness
- ✓ Outcomes for individuals
- ✓ Review accuracy of Emergency Clinical Data Set (ECDS) submissions and utilise data to target admission avoidance activities
- ✓ Review and utilise A&E forecasting tool
- ✓ Realtime system monitoring – NHS A&E wait times app includes East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust
- ✓ Cheshire East Operational Delivery Group
- ✓ Winter System Oversight call
- ✓ System escalation calls to monitor capacity and flow
- ✓ Cheshire East Council Covid Operational Group
- ✓ Primary Care APEX System

Our Local System Governance is in place which ensures oversight of System and Capacity Monitoring. There are 3 key domains to our Oversight and Governance approach, which is:

1. Operational Delivery Group
2. Monitoring Performance impact and effectiveness
3. Senior Leadership oversight

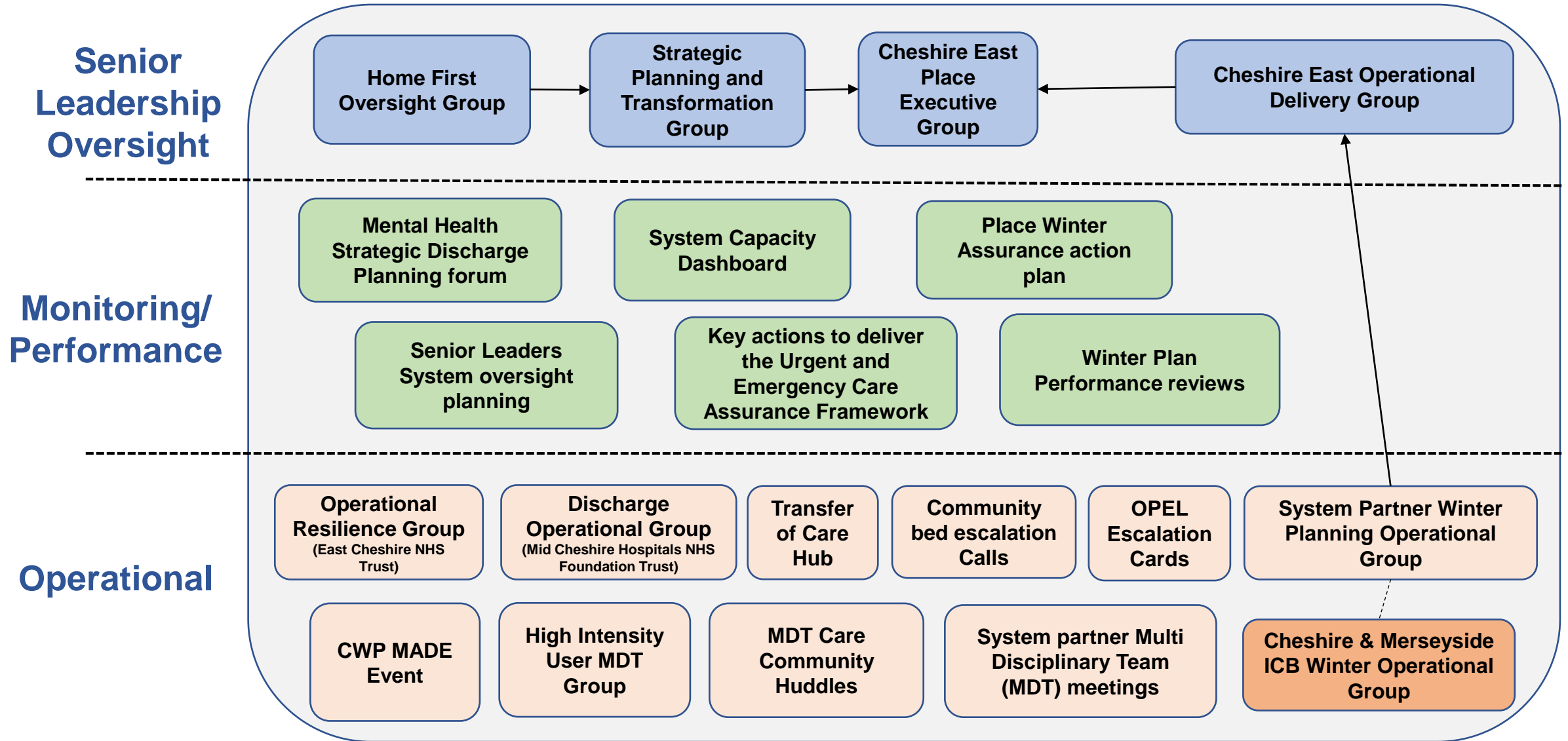
The Operational Delivery Group identifies critical points of emerging risks and significant operational barriers.

Its role is to recommend remedial actions where required, coordinate responses and mutual aid and escalate issues through Emergency Preparedness Resilience and Response (EPRR) or other appropriate routes.

Monitoring, Oversight and Governance Structure



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Operational Intelligence Hub – Urgent Care



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There is work underway with Cheshire and Merseyside Health and Care Partnership to develop an Operational Intelligence Hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand at ICS, Provider and Place level to further inform system management and assist with operational delivery.

Operational Intelligence Hub for Urgent Care: Content



Cheshire & Merseyside “Better than Before” Areas of Focus and supporting information

1. ICB Assurance
2. NHS 111
3. Ambulance
4. High Intensity Users
5. Alternative Acute & Community Pathways/Services (AAP)
6. Emergency Department
7. Treatment in Emergency Department (TiED)
8. Staffing
9. Urgent Treatment Centres
10. Operational Management & Escalation (OME)
11. Flow
12. Mental Health
13. Primary Care
14. Elective Care
15. Communications
- 16 Preparation for variants of COVID19 and respiratory challenges



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[Link to the](#)
[Cheshire East Assurance Framework](#)

1. Cheshire & Merseyside Integrated Care Board

Integrated Care Boards take responsibility for oversight of UEC recovery, improvement and transformation through the implementation of robust governance arrangements across the ICS and place based systems

The Integrated Care Board aims to:

Add value
Be a delivery partner
Address long standing issues
Lead on UEC improvement and assurance
Operational Intelligence hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand

ICB Cheshire East will also:

- ✓ Seek system wide assurances of winter planning through the Cheshire East Winter Planning Board “Warm Up for Winter a Joint Approach”
- ✓ Coordinate Cheshire East Winter Plans
- ✓ Coordinate Operational Performance Escalation Level (OPEL) contacts and action cards
- ✓ Coordinate a Cheshire COVID Board
- ✓ Coordinate a Cheshire Flu Strategic Group
- ✓ Cascade national communications and provide a Winter Communications Strategy
- ✓ Explore escalation plans in place to support with redeployment of staff

2. NHS 111 performance

Patients are signposted to the most appropriate services for their need every time, all the time



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Cheshire East assurance:

Within the Cheshire footprint there are three Clinical Assessment Services – 1 in Cheshire West & 2 in Cheshire East provided by Cheshire & Wirral NHS Partnership Trust, Central Cheshire Integrated Care Partnership and East Cheshire NHS Trust.

24/7 service to review NHS111 calls destined for ED, they have an excellent rate of diversion:

- ✓ Recently implemented resilience to support each other at times of high demand
- ✓ Recently implemented programmes to allow direct booking into GP Practices, this is expected to release capacity
- ✓ Additional staff resource has been difficult to obtain despite service investment
- ✓ Cheshire & Wirral Partnership NHS Foundation Trust (CWP) operate a Mental Health Crisis Line which now receives electronic referrals from NHS111, CWP now phone back the caller. NHS 111 Option 2 to connect directly is still a work in progress.

Outcome: Increase 111 & 999 Resilience
Cheshire East Metric: 111 Call abandonment
Cheshire East Metric: Mental Health Crisis line activity



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3. Ambulance service performance

Patients receive timely emergency and urgent ambulance care and conveyance, with minimal delays

Cheshire East Assurance:

Ambulance Handover

- ✓ East Cheshire Hospitals NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) have implemented NWS guidance regarding handovers
- ✓ East Cheshire Hospitals NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust are committed to all patients being offloaded into the department and no patients being kept in ambulances
- ✓ Cheshire East Capacity Dashboard monitoring of handover delays and hours lost
- ✓ North West Ambulance Service Sector Manager attends weekly Silver Command (ECT & MCHT) to report on performance. The Sector Manager is also a member of the Cheshire East Operational Winter Board – Warm Up for Winter a Joint Approach

Outcome: Increase 111 & 999 Resilience

Metric: Mean 999 call answering times, Category 2 ambulance response times, Average hours lost to ambulance handover delays,



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4. High Intensity Users

Patients receive consistent care at all times, minimising the need to access acute and emergency services unless clinically needed

Cheshire East assurance:

- ✓ High Intensity Users (HIU) pre planning call winter system preparation with key partners 4/10/22
 - ✓ East Cheshire NHS Trust – Multi Agency HIU focused meeting in place to focus on proactive early interventions that will support a reduction of attendance at ED
 - ✓ Mid Cheshire Hospitals Foundation Trust – Multi Agency HIU focus Group to be stood up
 - ✓ Cheshire & Wirral Partnership Foundation Trust in collaboration with the British Red Cross have developed and provide 3 HIU posts located in the three Cheshire A&E Departments
-
- ✓ Link to High Intensity User Group Action Tracker
[High Intensity User Group - Action Tracker](#)

Outcome: Reduce crowding in ED and target longest waits
Metric: Adult G&A occupancy; Longest waits

5. Alternative Acute & Community Pathways – Hospital Avoidance



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Cheshire East assurance:

Directory of Services (DOS)

- Reviewed monthly with clinical service leads
- Promote better use of the DOS by clinicians
- Dispositions not diverted are regularly reviewed for alternative pathways

Same Day Emergency Care (SDEC)

- Improve Acute Frailty services (8-8, 7days, assessment within 30mins)
- Mid Cheshire Hospitals NHS Foundation Trust Frailty Service MDT assessment – Partially implemented
- East Cheshire NHS Trust Frailty Team 8 till 8 7 days a week
- None Emergency Patient Transport Services
- Robust in-hours services
- Confirm Acute Trust commissioned GP out of hours services

East Cheshire NHS Trust Acute Visiting Service – robust process with a Single Point of Access for paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Mid Cheshire Hospitals NHS Foundation Trust Acute Visiting Service - paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Same Day Emergency Care Pathways	
East Cheshire NHS Trust	Mid Cheshire Hospitals Foundation Trust
Medical: Atrial Fibrillation Cellulitis DVT Headache Hypertension Suspected PE Surgical abscess Surgical Haemorrhoids	Urology Orthopaedics All GP referrals through Single Point of Access NEW for Winter Medical

Outcome: Reduce crowding in ED and target longest waits;
metrics: Category 2 ambulance response times, Average hours lost to ambulance handover delays, Adult G&A bed occupancy

5. Alternative Acute & Community Pathways – Hospital Avoidance continued

Alternatives to ED attendance and hospital admission Inc. direct access from community and ED. Patients are treated in the right care setting at the right time by the right person



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Cheshire East Assurance:

- ✓ Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention (slide 64), Rapid Home Care and Community Voluntary Sector support
- ✓ Community Step up Care Home beds
- ✓ Transformation projects in place to increase and monitor Virtual Wards
- ✓ Robust Home Oximetry and MABS in place which continues to be promoted to the public
- ✓ Transformation project in place to increase and monitor Community 2Hr Response and Frailty Wards
- ✓ Falls pathway available on the Directory of Services (DOS)
- ✓ Reduce A&E attendances for coughs/colds/flu/covid/respiratory infections through self management/escalation packs

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside acutes

Metric: Adult G&A occupancy; Hours lost to ambulance handover delays

Local metrics: C2HrR

6. Emergency Departments

Patients with an emergency need will be managed in a timely manner within the ED



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Cheshire East assurance:

Confirm plans to alleviate ED congestion currently caused by:

- Limited ED streaming capacity
- Limited overnight medical assessment, particularly at the weekends
- Waits for bed requests dependent on hospital flow or capacity to staff escalation areas without disrupting elective care schedules
- Non standard Urgent Treatment Centre provision
- Mid Cheshire Hospital NHS Foundation Trust (MCHFT) – Consultant Management
- MCHFT – Acute Frailty services
- East Cheshire NHS Trust (ECT) – Speciality and acute call down within 1 hour of referral
- ECT – ED Granted one way referral rights
- ECT – All minor illness streamed to GPs
- ECT – Cubical capacity & short stay emergency patient area

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

7. Treatment in Emergency Departments

Clinical care and treatment will be delivered on time, aligned with best practice. Safety is never compromised.



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Cheshire East Assurance:

East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust share the ambition for clinical care and treatment to be delivered on time, aligned with best practice. Safety never to be compromised.

Each Hospital will continue to:

- Continue to rollout NHS 111 First & Directory of Services (DOS) development
- Optimise 'Streaming' to other services
- Sign post to the virtual ward model

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

8. Workforce

Staff will be in the right place, at the right time with the appropriate skills to care for patients and keep them safe



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Cheshire East Assurance:

- Wellbeing - ICB to sustain, develop & promote staff Mental Health Hubs in line with guidance.
- A phased workforce Capacity & Demand modelling project will focus on the system understanding of staff vacancies, recruitment, retention and bank availability
- Organisations are reviewing enhanced payments for peak periods and bank holidays. CEC Uplift for providers on the Home Care Framework via the Better Care Fund
- Workstream to review integrated workforce opportunities to increase cross system staff capacity
- Escalation plans for redeployment of staff
- Community volunteers can support services and improve patient experience - Helpforce Volunteer plan to be implemented
- NHS (central) volunteers, Hospital volunteers, Community responders
- Staff sharing arrangements and maximising collaboratives banks
- Embed reservist model in each ICS to increase capacity and capability to respond to surge and major incidents
- Develop and launch managing attendance challenge toolkit
- International Support to support UEC recovery plans - identify shortages for key roles & skills and implement recruitment programme targeting towards shortages to support UEC and winter pressures
- Vaccination Programme underway to deliver this autumn's COVID-19 and flu vaccination programme.
- Care provider oversees recruitment underway with a selection of Care Home and Care at Home Providers
- Staff wellbeing programmes are in place within each organisation

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;

Local metrics: staff absence rates, staff vacancy rates, length of recruitment times



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9. Urgent Treatment Centre

Patients with urgent and minor ailments/illnesses will be managed in Urgent Care settings every time, at all times

Cheshire East Assurance:

Applies to Mid Cheshire Hospital only:

- Maximise use and promoting use of the Urgent Treatment Centre via system partners being fully appraised of this resource
- Increase the number of referrals from Ambulance services and care homes.
- Consider staffing availability for the Urgent Treatment Centre and explore system opportunities to enhance where possible

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside trust.
UEC ED metrics: treatment times



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10. Operational Management & Escalation

Patients on an urgent and emergency care pathway are managed in the right care setting at the right time to maximise their health outcomes with operational processes in place to deliver this

Cheshire East assurance:

Assurance handover framework, site meetings, full hospital protocol,

- ✓ Cheshire East Dashboard provides oversight of the UEC capacity
- ✓ Operational Delivery Group in place who will monitor impact and effectiveness of the Winter Plan
- ✓ Cheshire East has an Operational Performance Escalation Level (OPEL) system of contacts and actions.
- ✓ The OPEL action cards have been reviewed and updated in preparation for Winter
- ✓ Key Contacts reviewed and updated and shared with system partners every bank holiday
- ✓ Scenario Planning meetings in place
- ✓ Effective inpatient management procedures in place across each hospital
- ✓ Infection Prevention Control measures and operating protocols in place
- ✓ COVID-19 early warning system in place and managed by Public Health

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts;
ensure timely discharge;
Local metrics: UEC metrics

11. Capacity and Flow (Discharge)

No patient will reside in an acute hospital bed once their clinical care has been completed



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Cheshire East assurance:

Transformation programme – Home First: Discharge to Maximising Care at Home Services and Hospital

The agreed short term system priorities that have been agreed are as follows:

1. Discharge to Assess (D2A) – *We create a more centralised approach to step down/rehabilitation and identify facilities to acquire and staff from NHS/LA*

Supporting people out of hospital: To develop an Options Appraisal which will enable the Integrated Care System to adopt a preferred approach to delivering Discharge to Assess community beds to provide high quality, sustainable local care to meet gaps in future need. The preferred option for the long-term sustainable plan will then be developed into a full business case for approval. The interim plan (short/medium term) will be developed, resources will be identified and aligned to meet the objectives of the long-term plan. The preferred option for the short/medium-term plan (recommendation) for the Discharge to Assess community bed base inclusive of Mental Health provision will be implemented as part of the Winter planning process for 2022/23.

2. Maximising Care at Home services and Hospital Prevention : The objectives of the of this proposal is to enhance our workforce, build in additional system resilience, create capacity by way of sharing staffing resource and available service capacity , design an infrastructure that provides daily operational contact between the identified service and agree an operating model in preparation for Winter pressures and a more long-term sustainable model thus providing improved outcomes for the Residents of Cheshire East. This proposal will be implemented in a staged approach as follows:

- **Stage 1:** Care4CE Reablement, Central Cheshire Integrated Care Partnership, General Nursing Assistants , Rapid Response Care (Routes Health Care & Evolving Care) , Voluntary Community Faith Sector, Assistive Technology and Equipment Services.
- **Stage 2:** Urgent Crisis Response, Hospice at Home, Mental Health Reablement, Care4CE Mobile nights, Out of Hours District Nursing

3. Mental Health Prioritise

- To work with Care at Home providers and develop an offer that supports people with Physical and Mental Health needs.
- Develop an all-male specialist unit within Borough that supports people with complex behaviours
- Increase bed base capacity and community support options for people living with Autism and Mental Health needs
- Identify service gaps and develop service specifications that can be shared with care providers to develop the market

4. Here and Now Prioritise

- Building on the GNA service create a joint health and care workforce employed by health to provide capacity to support people in their own homes
- Invest to save- to meet current priorities
- Primary Care is critical - work with primary care to develop potential opportunities.

11. Capacity and Flow (Discharge)

Winter Schemes	Timescales
Hospital support scheme family and friends - to enable family and friends to provide informal care and payment for up to 6 weeks	Operational
Community Connectors positioned in the two Transfer of Care Hubs promoting the Community Voluntary Sector services	Operational
Personal Health Budgets to support Rapid Hospital Discharge	Operational
Help Force volunteer Programme	November 2022
Housing pathway agreed for rough sleepers	December 2022
Increase of the General Nursing Assistant service capacity	Dec / Jan 2022
C/o locate Care4CE Mobile Nights service and East Cheshire Trust Out of Hours District Nursing Teams thus increasing night time care, support and resilience	November 2022
Additional 200 hours per week, Rapid Response Care linked to East Cheshire Trust Frailty team. November to March 2023	Nov / Dec 2022
Capacity for Pathway 1 – 36 System resilience beds	Operational
Capacity for Pathway 2 – 39 block beds are funded via the ICB up to 31st March 2023	Operational
Supported Living – Mental Health step down self contained apartments x 6	December 2022
Complex Dementia 18 Step up/step down beds	Nov / Dec 2022
Nursing Dementia beds x 6	November 2022
ED In reach support for Mental Health patients	November 2022

System Resilience Beds funded via BCF Up to 31/03/23	
Care Home	Block Contract Beds
Mayfield House, Crewe	1
Leycester House, Mobberley	5
Turnpike Court, Sandbach	4
Elm House, Nantwich	4
The Elms, Crewe	3
Corbrook Park, Audlem	3
Brookfield House, Nantwich	8
Cypress Court, Crewe	3
Twyford House, Alsager	5
Total	36

Additional Capacity, ECT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Prestbury House, Macclesfield	5
Priesty Fields, Congleton	4
The Rowans, Macclesfield	4
The Willows, Mobberley	4
Total	17

Additional Capacity, MCHFT Hospital Footprint Pathway 2 up to 31st March 2023	
Care Home	Block Contract Beds
Clarendon Court, Nantwich	8
Lawton Manor, Church Lawton	3
Newton Court, Middlewich	2
Richmond Village, Nantwich	5
Telford Court, Crewe	4
Total	22

12. Mental Health

Patients receive timely services and treatment as needed, with a greater focus on early intervention services that can prevent mental health crisis

Cheshire East assurance:

- ✓ Cheshire East have a 12 hour breach multi partner group which resolves issues, particularly
- ✓ around mental health delays in Emergency Department.
- ✓ Current Place of Safety is East Cheshire NHS Trust A&E Department
- ✓ Mental Liaison within the Emergency Departments at East Cheshire NHS Trust & Mid Cheshire Hospitals Foundation Trust
- ✓ Community crisis cafes in Maclesfield and crewe open 7 days per week. Yes transformation work continues at the front end of the crisis I pathway .
- ✓ 27/7 First Response Service

Brief for Winter Plan: [CWP Winter Plan 2022/23](#)

Key Lines of Enquiry Mental Health: [Key Lines of Enquiry Mental Health](#)

Find the right support for you

Mental health services in Cheshire East

NHS
Cheshire and Wirral Partnership
NHS Foundation Trust

IAPT - talking therapies self-referral	IAPT (Improving Access to Psychological Therapies) services are for adults and older people, with mild, moderate-to-severe symptoms of anxiety or depression. People can self-refer through the CWP website. You can also find your local IAPT service at www.nhs.uk/help	
Shout mental health support text 'BLUE' TO 85258	Are you feeling anxious or stressed and need support? Text 'BLUE' to 85258 to start a conversation, via text, with a trained volunteer, who will provide free and confidential support. Open 24/7	
Crisis Cafes <small>safe spaces for people struggling with emotional distress who consider themselves to be in a self-defined crisis</small>	The Weston Hub 01625 440700 Open 10am-10pm	The East Cheshire Housing Consortium (ECHO) provide the service and it is located at: The Weston Centre, Earlsway, Macclesfield, Cheshire, SK11 8RL
	Crewceial 07516 029050 Open 1pm-10pm	The service is operated by Independence Support Living (ISL) and is located at: 3 Partridge Close, Flat 2, Dunwoody Way, Crewe, CW1 3TQ
24/7 Urgent mental health crisis line 0800 145 6485	If your mental health gets worse and you feel you are unable to cope, this is a mental health crisis. It is important to access support quickly. The CWP urgent mental health crisis line supports people to access the help they need and is here to help 24/7	

13. Primary Care

Ensuring primary care have extended hours for evenings and weekends



#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

- Primary Care Network led Extended Hours for evening and Saturdays
- Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- Business case underway to extend Primary Care Assessment Unit
- The nationally commissioned Community pharmacy consultation service (CPCS) as this will have a potentially bigger and synergistic impact with the Pharmacy First minor ailments service on lower acuity conditions. CPCS takes referrals from general practice and NHS111, while Pharmacy First provision also takes walk ins
- Primary Care resilience and activity data
- Exploring initiatives to enhance the falls prevention programme, including access to falls exercise classes and care home work (System)
- Health & Well being services for Asylum seekers and Refugee communities
- Full implementation of the Primary / secondary care interface recommendations

14. Elective Care, Cancer & Diagnostics; CYP services;

Protecting services



#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

- The main pressure on elective care normally comes in terms of the re-purposing of the Orthopaedic inpatient elective ward for urgent & emergency care (UEC) pressures. Contingency plans in place to find an alternative ward location for this service.
 - Mid Cheshire Hospitals FT capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March 2023.
 - East Cheshire NHS Trust has no further escalation provision therefore the only option to support UEC pressures is cancelling elective activity
- Cancer remains clinically prioritised amongst other demands
- Children and Young People services have additional ward nursing to help manage the rise in winter admissions for paediatrics and appropriate pathways are in place
- Diagnostic services will be Business As Usual with not specific schemes to support them over winter but, with support to restore services following the Covid pandemic.

15. Communications



#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

Our system winter campaigns will be based around the following 'key pillars'

- 1. Prevention:** Reducing avoidable hospital admissions by helping people stay well – with a focus on people with respiratory illnesses, frailty and mental health. This includes the flu and Covid vaccination programmes.
- 2. Signposting:** Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign, pharmacy, GP access, emergency dental care, NHS 111, Urgent Treatment Centre's and other urgent care services.
- 3. Self-care:** Messages in relation to the promotion of pharmacies to get expert advice, gastrointestinal illnesses, with hand washing/hygiene advice, respiratory illness and common childhood illnesses.



#BecauseWeCare
Cheshire East Partnership

15. Communications (Continued)

Winter Wellbeing communication campaigns in Cheshire East will provide information and advice to people on how to stay safe, well and warm during the colder weather.

Areas of focus will be;

- The cost of living crisis – food and fuel poverty and accessing benefits (September/October)
- Warm banks (September/October)
- Flu (November)
- Preparing your home for winter (late November weather dependent)
- Ensuring you are accessing appropriate winter-related benefits to help pay for heating bills etc (November)
- Being a good winter neighbour including social isolation (November)
- Using services appropriately (December)
- Staying Warm, including energy efficiency (January)
- Staying active (January)
- Nominated neighbour scheme
- Winter ailments: Covid/Flu/Pneumonia
- Physical and Mental Health during winter
- Walking stick repairs/winter proofing

16. New variants of COVID-19 and respiratory challenges



#BecauseWeCare
Cheshire East Partnership

Cheshire East assurance:

COVID-19 Escalation plans

- ✓ Acute Trusts internal escalation plans, including designated wards and Infection Protection Control guidelines
- ✓ Potential designated community setting at Eden Mansions Care Home
- ✓ Confirm system resources e.g. masks, Lateral Flow Tests etc
- ✓ Acute Trusts Infection Prevention & Control plans to avoid Void beds
- ✓ Primary Care Networks signed to deliver COVID vaccinations, mix of Patient Group Directions (PGD) & National Protocol. Some sites whilst using predominantly registered Healthcare professionals have opted to use with National Protocol as this gives flexibility to used non registered vaccinators should the need arise

COVID & Flu Vaccination campaigns

- ✓ Two strategic Cheshire wide oversight groups with two robust campaigns interacting where possible
- ✓ Weekly monitoring of vaccination uptake in the public and staff
- ✓ CQUIN in place to incentivise health organisations to improve workforce flu vaccine uptake

Infection Prevention & Control guidelines [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

- ✓ Robust processes are already in place with Public Health Cheshire East and Cheshire West to maximise discharges to closed care homes where appropriate and minimise vacant beds
- ✓ Priority work load framework

Respiratory Care for children

- ✓ CATCH app promoting self-care for respiratory conditions to parents and pregnant women
- ✓ Plans to promote the flu vaccination to pregnant women via CATCH
- ✓ Primary Care education session has been organised with a Paediatrician on Bronchiolitis

Outcome: Reduce hospital occupancy

Metric: Adult G&A Occupancy

Third Sector – Cheshire East Community Offer – Responding to local need & supporting our communities to recover in 2022/23

Welcome to your guide to our recently funded Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Cheshire East.

During 2021/2022 Cheshire East Council have relied on grants to ensure they can support the VCFSE sector. This enabled an environment where we can work together to meet the needs of our communities through extremely challenging times and at speed. We want to build on the last two rounds of grant funding and the amazing response to the objectives we set, by giving the opportunity for our VCFSE sector organisations to showcase their services and demonstrate the real differences that they make to our residents.

We want to enhance relationships and connectivity between organisations and create the opportunities for collaborative working, making sure that together we meet the needs of our residents by delivering services that they need and also ensuring that they are more accessible.

This document can be shared and used by anyone for self-referral or referral by an organisation. The project information included is only a small part of what the organisations do and also timescales vary for each organisation, so please contact them directly to discuss how they can support you or a client.

To make your search for services easy, we have used a key to show geographic delivery area and theme for each organisation. You can also click on the organisation logo to go to their websites where available

Area	Description	Theme	Key
BDP	Bollington, Disley & Poynton	Food provision	MD = Meal delivery FP = Food provision
Macc	Macclesfield	Mental Health/emotional support	A = Adult YP = Young People
Knuts	Knutsford	Practical tasks	
CHAW	Chelford, Handforth, Alderley Edge & Wilmslow	Befriending/isolation	T = Telephone F = Face to face
CHOC	Congleton & Holmes Chapel	Hard to reach groups	L = Language support available
SMASH	Sandbach, Middlewich, Alsager, Scholar Green & Haslington	Carer support/dementia	C = Carer support D = Dementia support
Crewe	Crewe	Digital inclusion	
Nant	Nantwich & rural area	Money advice/form filling	MA = Money advice FF = Form filling
		Community transport	
		Supporting Community Links	
		OOH Hospital discharge	
		Social activity/loneliness	
		Fuel poverty	



[Further detail is available in the Link to Third Sector Grants Brochure Cheshire East Grant Brochure 2022](#)

Financial Investment

Provider	Scheme title	Brief description	Type of scheme	Beds	Lead in period	Expected start date	Revenue cost
East Cheshire Trust	Prestbury House/Various (Bed Cost)	Additional beds and management of	Community service	13	With immediate effect	Oct-22	£ 474,501
Mid Cheshire Hospital Trust	Vaccination Centre	8 additional escalation beds.	G&A beds	8	1	Oct-22	£ 320,000
Mid Cheshire Hospital Trust	Telford Court Care Home	Care home beds with therapy and GP support.	Community service	4	1	Oct-22	£ 157,297
Mid Cheshire Hospital Trust	Newton Court Care Home	Care home beds with therapy and GP support.	Community service	2	1	Oct-22	£ 78,648
Mid Cheshire Hospital Trust	Clarendon Court Care Home	Care home beds with therapy and GP support.	Community service	10	1	Oct-22	£ 432,350
Mid Cheshire Hospital Trust	Richmond Village Care Home	Care home beds with therapy and GP support.	Community service	5	1	Oct-22	£ 190,103
Mid Cheshire Hospital Trust	Lawton Manor	Care home beds with therapy and GP support.	Community service	6	1	Oct-22	£ 212,325
	TOTALS			48			£ 1,865,224

SUMMARY

- ✓ Urgent Community 2 Hour Crisis Response – Directory Of Services developed & focus on communications with ED, Wards and Care homes to maximise utilisation.
- ✓ Housebound Vaccination programme – COVID/Flu
- ✓ Home Intravenous expansion – additional posts to enabling patients to step down from hospital
- ✓ Integrated Placement of Care Hub - new temp role/ project – Long Length of Stay practitioners to focus on early identification & planning
- ✓ Integrated Placement of Care (IPOC) – General Nursing Assistant expansion supporting bridging, Urgent Community Response & Palliative Care in Partnership (PCIP) to maintain flow and offer step up capacity.
- ✓ Temporary funding - Remote monitoring service to support Long Term Conditions – promotion with Primary Care to support step up.
- ✓ Temporary funding to deliver MABS for eligible Covid patients
- ✓ Temporary funding to jointly deliver Long Covid service
- ✓ Continue to provide the Home Oximetry Service dependent on funding
- ✓ Virtual Ward implementation

Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

Actions taken and planned to increase capacity in acute/ community service

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 (excluding rehab/eating disorders/secure)

Number of beds available

Wirral	
Lakefield	20
Brackendale	20
Riverwood	6
Brooklands (PICU)	10
Meadowbank (Organic)	13
Meadowbank (Organic)	13
Total	82

West Cheshire	
Beech	22
Juniper	24
Willow (PICU)	7
Cherry (organic)	11
Total	64

Cheshire East	
Mulberry	26
Silk	15
Total	41

Cheshire & Wirral Partnership Mental Health Winter Plans



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

Actions already taken			Aims to be achieved
Additional crisis support (admission avoidance)	Improve quality and focus on Discharge/ Flow through Acute	Support earlier intervention in the community	
Created Crisis line for patients 24/7 access – divert from ED/earlier intervention	Reviewed and relaunched Trust acute care standards (in line with best practice)	Community transformation schemes – ARRS roles in primary care, team redesign in process of implementation to support more patients in the community. Public engagement process ongoing at present on new model of care	Reduction in DTOC to improve inpatient flow
Opened Crisis café's in all four localities – divert from ED/earlier intervention – suicidal for same day response	Engaged with all NHSE Acute groups and discharge groups.	Crisis Cafes in Crewe & Macclesfield open 7 days a week. Operated by third sector colleagues with wraparound from CWP's crisis resolution home treatment teams. Individuals who present or are referred and are suicidal they receive a same day response from the team. To commence a learning review process for each admission so that themes can feed into CMH transformation.	Reduction in LOS due to high acuity to improve patient flow
Created a First Response service – divert from ED and inpatients – currently carry increased caseloads circa 25% more	Monthly meetings with LA and commissioners re strategic approach DTOC's and discharges	24/7 First response team. Triage by the crisis line individuals (inc those who are suicidal) will be seen at home. Developed place-based alliances with 3rd sector to offer earlier well-being support and intervention.	Repatriation of out of area patients with private providers
Provide in-reach support to ED when patients delayed admission (3rd sector provider) this funding comes to an end September 2022	Run MADE events in 3 localities weekly – support operational actions to enable discharges	To help and support frequent attenders in Emergency Departments	
After a person is discharged the community mental health teams check in & follow up patients discharged within 72 hours (highest risk period for suicide post discharge)	Escalation to Place based meetings – e.g., ED Boards	Community Teams also facilitate early discharge into home treatment from acute inpatients. This Team has access to community crisis beds as a less restrictive option.	

For Urgent Mental Health Support

0300 303 3972

This helpline is the first port of call for urgent mental health help - it is operated by people in your local area who will know best how to support you.

For non-urgent help and wellbeing advice, please visit the CWP website: www.cwp.nhs.uk
For children and young people there is also a dedicated site: MyMind.org.uk

Launched by Cheshire and Wirral Partnership for residents of Cheshire West, Cheshire East and Wirral who need urgent mental health support

If you have an immediate, life threatening emergency, you should still call 999 or attend A&E

- 24 hours a day
- 7 days a week
- All ages

Cheshire East Council – Adult Social Care Winter Schemes - 1

Number	Scheme	Summary	Potential KPI's
1	Care homes - designated setting	Establish a designated setting to assist with increased pressure as a result of winter and COVID. The designated setting will assist with hospital discharge.	Waiting list for care home placement.
2	Care homes - IPC	Work with Infection Prevention Control teams to see what support that will be providing over the winter period to support care homes. This scheme will ensure that care homes remain open during the winter period and any disruption is minimised.	Number of home closures throughout the year in comparison to winter.
3	Care homes - dehydration	It's noted that if care home residents are dehydrated, they are at greater risk of falls, infection etc, recently a scheme to improve hydration in care homes in Staffordshire was implemented, public health through Matt Tyrer was also leading on a similar piece of work before COVID. The aim of this scheme is to increase hydration in care homes and in doing so reducing the number of falls, admissions to hospitals.	Number of falls taking place in care homes, information could be gathered through safeguarding information.
4	Care homes - pressure ulcers	Service users who may have mobility issues may be at increased risk of pressure ulcers, there has been a recent campaign 'react to red' to increase awareness of pressure ulcers and to help reduce grade 4 ulcers from occurring. The local authority will ask the hospital trusts to lead on increasing awareness of this campaign in care homes.	Number of reported incidences of grade 4 pressure ulcers.
5	Care home - falls	A number of business cases have been prepared for the public health SMT to help reduce the number of falls happening. The lead will progress the business cases to see if they are approved and can be implemented.	Number of falls in care homes. Number of falls in the community. Admission to hospital.
6	Voluntary sector - transport	Transport pays a key role in ensuring a person returns home from hospital this scheme will aim to ensure there is adequate transport provision in place to support people throughout the week through winter.	Number of older people transported home, with winter performance compared to the rest of the year.
7	Voluntary sector - supermarkets & cleaning	Try to partner with a supermarket to assist with getting meals/food delivered to those service users who have that need met through domiciliary care. Try to partner with a cleaning company who can provide cleaning to people who have that need met through domiciliary care.	Number of current shopping calls as provided by domiciliary care Number of cleaning calls as provided by domiciliary care.
8	Voluntary sector - community and hospital discharge	Data suggests increasing numbers of the over 50 population are retired and could be in a position to provide voluntary support to help people return home from hospital, this could be free or paid care.	Number of newly enlisted volunteers aged 50+.
9	Mental health - A&E support	Establishing the correct level of mental health support to A&E to ensure where possible hospital admission is avoided.	Hospital Admissions Avoided due to enhanced community support - Via Mental Health Crisis beds, Via Mental Health Crisis Café, Via Mental Health A&E In Reach.
10	Mental health - bed capacity	Ensure that there is the correct level of mental health bed stock which can be accessed as step-up or step-down to support hospitals.	The number of mental health Step Up/Down beds in use and the occupancy of those beds.
11	Mental health - provider engagement	Engagement with the market to articulate the key themes through winter but to also identify how providers can support through the winter period.	The number of people discharged from hospital in to step down provision, Mental Health Crisis Beds, MH Step Down Beds.
12	Mental health - community support	Identify what support people with mental health needs require when returning home to ensure they feel supported and settled.	Readmission rate to hospital following discharge from hospital to home, Via MH Reablement, MH Floating Support and any other schemes that are commissioned to support people back into the community.

Cheshire East Council – Adult Social Care Winter Schemes - 2



Number	Scheme	Summary	Potential KPI's
13	0-19-cost of living crisis- new mothers may encounter difficulty with feeding new borns/infants.	The cost-of-living crisis will impact new mums and may in turn impact the ability to feed their babies. This scheme will aim to identify whether this is will be an issue and will put in place support to help meet this potential need.	The number of incidents being reported in relation to this cohort.
14	Substance misuse - hospital frequent flyers	Work with hospital trusts to identify and work with potential frequent users of hospitals/A&E as a result of substance misuse. The aim of this scheme is to highlight the services available to hospital trusts and gp's through the winter period. Recent data suggests increased admissions and attendance at hospital for patients aged 0-4, this work will look to identify the size of this problem and will work with hospitals trusts to put in place mitigating actions.	The number of frequent flyer visits prior to and after intervention. Admissions to hospital for children aged 0-4 before and after intervention.
15	Poverty - cost of living	Residents are facing a number of pressures over the winter period this includes cost of living crisis. This scheme will identify what links can be made with GP surgeries to help support, highlight services and signpost.	Referrals for support received from GP surgeries .
16	Poverty - cost of living	Develop and advertise the offer around cost-of-living crisis for residents and staff, this would include warm spaces (libraries, council buildings) which can be accessed to stay warm during winter, access to warm blankets through community development officers, food banks, winter heating schemes, £10,000 of funding for staying warm.	The number of contacts made where people have requested support.
17	Public health campaigns	A number of public health schemes and campaigns operate throughout winter, this scheme will seek to bring forward promotional campaigns to increase awareness and uptake of schemes such as flu and COVID jabs.	Flu jab number/% uptake for the health and social care sector.
18	Direct payments - bank of personal assistants	This scheme will seek to increase the pool of available personal assistants, partnering with a suitable organisation to operate and organise the bank of personal assistants which could then be accessed, this in turn would increase capacity within the community.	The number of personal assistants prior to and after the intervention The number of people receiving a direct payment prior to and after the intervention.
19	Direct payment - carers	Identify and support carers out of hospital through the use of direct payments.	Number of new direct payments issued to carers.
20	Domiciliary care - provider reviews	Establish a process for domiciliary care providers to review any packages which they believe are excessive and could be reduced. Within this also look at whether any alternative support could be offered for example a 'just checking' phone call to make sure the person is safe.	Volume of calls provided prior to and after the intervention.
21	Domiciliary care - review of waiting list	There are a number of people waiting for domiciliary care services, in advance of the winter period the number waiting will be reviewed and identified and a target of 50% will be applied to reduce the wait list.	The number of users waiting for domiciliary care service prior to and after the intervention.
22	Fire service support - home support	A number of people are waiting for elective surgery, once they have had surgery its important that they can return home and that home is a suitable environment. This scheme will seek to explore whether the fire service can support with the home checks to make sure the home is ready for the person to return to following surgery. Links through the fire service representative of the HWB will be utilised.	Number of home checks carried out . Readmission to hospital following elective surgery .
23	Carers - winter support	Develop and articulate the offer for carers over winter and then advertise and make carers aware, this would include: winter wellbeing programme, carer breakdown offer, access over winter, take a break crisis phone line, and the mobile bus being deployed.	Carer breakdown prior to and after the intervention.

Public Health prioritise over the winter period will be as follows:

1. Flu and COVID-19 booster vaccinations
2. Supporting National messaging to increase uptake and deploy regional teams to the areas of lowest uptake to make vaccination accessible with wrap around services through outreach
3. Completing multi-disciplinary Infection Prevention and Control (IPC) Risk Assessments for the safe reopening of Care Homes / commission bed placements, where an outbreak of COVID-19 is ongoing.
4. Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
5. COVID-19 early warning data analysis audits

Winter Wellbeing Campaign:

Health and Wellbeing Bus – Cheshire East Council is offering FREE wellbeing checks across Cheshire East October 2022 to February 2023.

Links to Bus locations:

[1.Stay Well Bus Dates & Locations](#)

[2. Stay Well Bus Dates & Locations](#)

Infection prevention controls are as follows:

- Infection Prevention & Control Link Worker meetings [IPC Link Workers](#)
- Assisted medicines taking good practice guide [Assisted medicines taking good practice guide](#)
- Winter Preparedness Webinars:
 - Outbreak management procedures
 - Staff training, education and advice
 - Communicating updated Infection Prevention Control guidance

✓ **Household Support Fund**

Cheshire East Council with the help of a wide range of partners are distributing vouchers worth £2.2 million on behalf of the Department of Work and Pensions to support the most vulnerable households across the county with food, utilities and other essentials.

The fund is available to support vulnerable households who need additional financial support. Support for children via the grant will be delivered in line with the previous household Support Fund and COVID Support Grants

❑ [Household Support Fund](#)

✓ The areas of focus will be:

- ❑ Winter ailments: Covid/Flu/Pneumonia
- ❑ Physical and mental health during winter
- ❑ Fuel poverty
- ❑ Food poverty
- ❑ Warm banks
- ❑ Accessing benefits
- ❑ Job hunting and CV writing advice
- ❑ Walking stick repairs/winter proofing

✓ Cheshire East Council will also be sharing information and advice on the **Help Us to Help You NHS 111 campaign and GP access campaign** their social media channels using campaign toolkits

Care Communities

- ✓ Delivery of urgent community response across the Place to support people at home and avoid ED attendances or admissions
- ✓ Provision of 5 care community wards with East Cheshire NHS Trust footprint i.e. crisis support, rehabilitation, palliative care, complex care and pressure ulcer prevention to coordinate and monitor patient care
- ✓ Development of speciality virtual wards for frailty and respiratory patients in partnership with secondary care offering specialist guidance and advice
- ✓ Working with system partners to build resilience in local communities with particular reference to mental health e.g. mental health awareness training, link with drop-in centre, warm places and health and well-being bus.
- ✓ Continued development of priority workstreams i.e. cardio-vascular, respiratory, mental health and paediatrics
- ✓ Implementation of agreed Business Continuity Plan
- ✓ Focus on staff Health and Wellbeing actions in response to staff survey results
- ✓ Social Prescribers - taking a holistic approach focusing on individual need

- ✓ Working with partners Cheshire East Council and the NHS to look at ways to prevent some of the consequences of Winter Pressures, particularly with the added pressure of the energy price increases.
- ✓ Safe and Well visits
- ✓ “Keep warm” packs with a number of other agencies, given out during a Safe and Well visit
- ✓ Promotion of ways to keep well and warm during winter via our comms channels and community engagement
- ✓ Reminder of flu vaccine offer to over 65’s during Safe and Well visits
- ✓ Safe and Well offer for residents who may use unsafe fire practices to heat themselves/homes

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance
- ✓ November – World Cup – targeted work around the matches with additional patrols out for Night Time Economy and Domestic Abuse cars supported by the Independent Domestic Advisor's
- ✓ November – 'Day of Action' targeted work by partner agencies Include Police, Cheshire East Council, Cheshire Fire and Rescue, the local NHS and local housing association. Bromley Farm Congleton. Engagement with 800 households to include addressing support needs for cost of living crisis
- ✓ December – Night Time Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

East Cheshire NHS Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



East Cheshire
NHS Trust

Out of Hospital		
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Partial
3	111 clinical contact > 50%	Yes
4	Abandoned 111 call rate	Yes
5	Ambulance conveyance to ED <49%	Partial
6	Virtual wards in place that support admission avoidance and length of stay reduction	Partial
7	Ensuring primary care have extended hours for evenings and weekends	No
8	Urgent community response within 2 hours	Yes
Site/Operational Discipline		
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Partial
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Partial

Emergency Department		
16	Streaming of all patients who could be appropriately managed by a co-located urgent/primary care service in place at times matching the demand.	Partial
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Yes
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	No
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap shouldn't be in place.	Yes
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	No
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
Emergency Department Environment		
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	No
27	CDU adjacent or equivalent short stay Emergency patient area	No
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
Emergency Department IT		
29	ED system in place to enable patient flow against national standards	Yes

Inpatient Management		
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	Yes
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
Discharge		
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	Partial
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Partial
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Partial
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

System and Trust Oversight		
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Yes
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform future ways of working.	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

East Cheshire NHS Trust – 100 Day Challenge

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
1	Identify patients needing complex discharge support early	Discharge commences on admission. Information leaflets designed to help inform patients of their discharge. Nursing assessments include any support required on discharge and current “home” provision in place	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas. When am I going home campaign in progress.
2	Ensure multidisciplinary engagement in early discharge plan	Multidisciplinary teams attend board rounds. Transfer of care hub includes Social Care, Intermediate Discharge Team, therapies and nursing.	Information for patients being reviewed by matron -re discharge planning from admission.	Daily MDT discussions related to pathways 1 to 3.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	EDD’s inputted into Extramed on admission however these are not reviewed an updated Daily reporting demonstrates that there isn’t consistency with data input	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
4	Ensuring consistency of process, personnel and documentation in ward rounds	Different wards approach the board and ward rounds differently,	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home ECT need to develop a clinical vision of flow and ensure internal escalation triggers at ward level are in place	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
5	Apply seven-day working to enable discharge of patients during weekends	Limited Therapies and IDT cover over a weekend ?? Laura can you expand please. No IDT substantive at weekends. Frailty 6 days.	Scope out the requirements to support 7 day working for core elements of service provision	
6	Treat delayed discharge as a potential harm event	Daily in put of Criteria to Reside with national reporting to the system	Maintain risk register log	There is not a specific incident logged for every delayed discharge but reported to the system daily.

East Cheshire NHS Trust – 100 Day Challenge

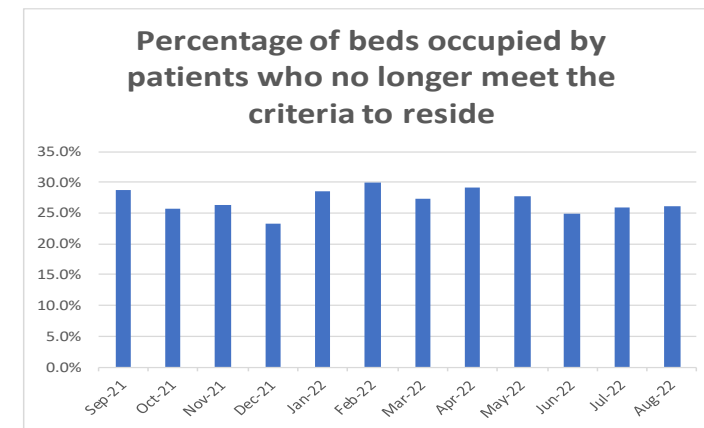
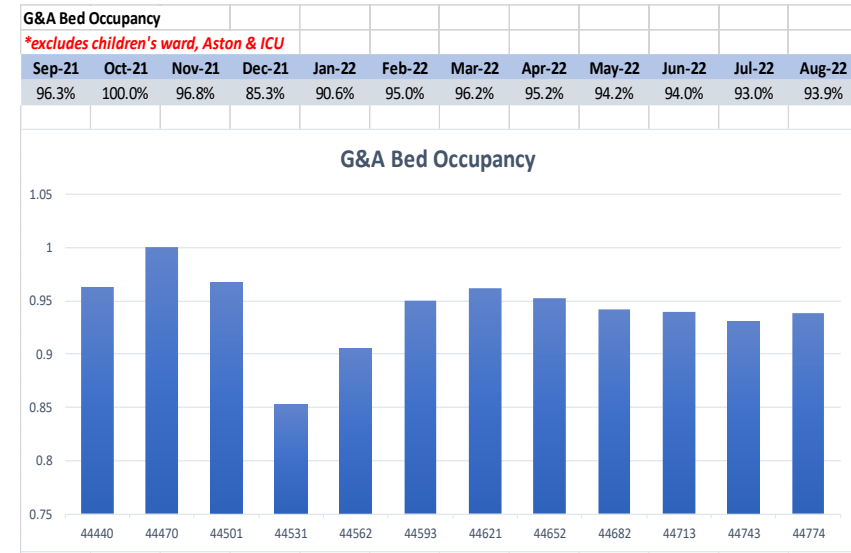
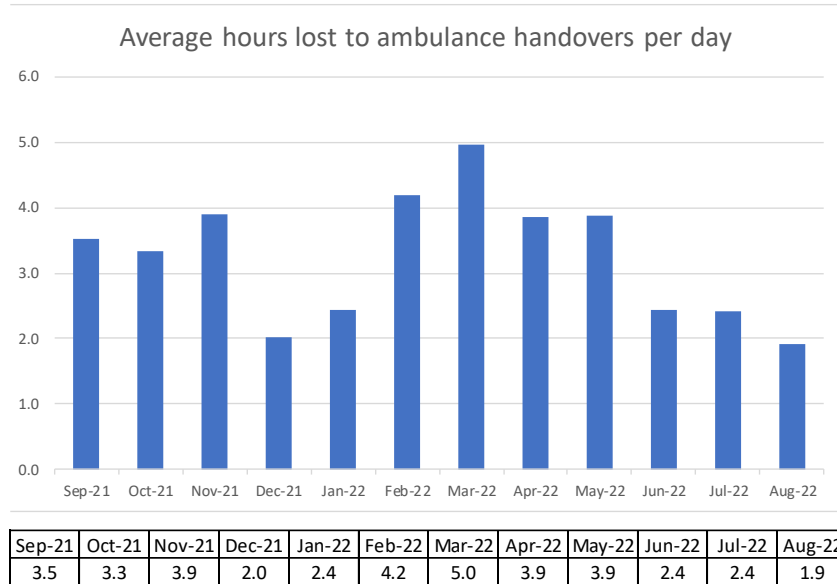
Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
7	Streamline operation of transfer of care hubs	Transfer of care hub in place on site involving IDT, Social Care, brokerage, Independent transfer of care coordinator and third sector e.g. Red Cross.	System wide leadership model to be developed	
8	Develop demand/capacity modelling for local and community systems	No local capacity and demand modelling undertaken however there is clearly a deficit of all pathway 1 – 3 patients given the number of No Criteria to reside %	ICB modelling to commence	
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges		Pursue home first principles and the amalgamation of teams to form a single approach	
10	Revise intermediate care strategies to optimise recovery and rehabilitation	Intermediate care is embedded in care communities with access to community beds and therapy at home. Limited access to domiciliary care and reablement due to capacity challenges		



East Cheshire Trust

Winter Preparedness

How are we doing against the metrics last 12 months?



Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
28.9%	25.7%	26.3%	23.3%	28.5%	30.0%	27.4%	29.2%	27.8%	25.0%	26.0%	26.1%

Prepare for variants of Covid-19 and respiratory challenges

- 5 week Covid-19 and flu vaccination programme
- Increase in community workforce to deliver house bound vaccinations
- Consideration as to how Ward 11 is used for respiratory infections and utilising the 10 side rooms to support acute respiratory illness conditions and maintenance of Infection Prevention Control standards

Increase capacity outside Acute trusts

Whilst plans include the following there is a risk that the capacity will not materialise due to workforce and financial constraints.

- Increase in domiciliary care provision (General Nursing Assistant provision Congleton via Central Cheshire Intergrated Care Partnership)
- Increase in pathway 2 & 3 bed based provision (Wilmslow Manor)
- Cheshire East Place Home First - Alignment of Care at Home Services
 - To enhance the workforce, build additional system resilience, create capacity by sharing staffing resource and available service capacity, design an infrastructure that provides daily operational contact between the identified service and agree an operating model.
- 2 hour Urgent Community Response Provision
- Community and Specialty Virtual Wards
- Community Ward model
- East Cheshire NHS Trust has no further escalation provision therefore the only option to support is cancelling elective activity

Target Category 2 response times and ambulance handover delays

- Private Transport Provider to support pre noon discharges
- Increase in ED Nurse staffing to support surge / triage
- ED Escalation Policy
- ED Standing Operating Procedure for review of patients waiting in ambulances

Reduce crowding in A&E departments and target the longest waits in ED

- Workforce – Adequate nursing workforce to maintain safety and quality care
- Streaming Audit – 15th September 2022
- Criteria to Admit Audit – 22nd September 2022
- Additional Post Take Consultant
- Crisis Response Inreach
- Review of GP Out Of Hour's and Acute Visiting Service
- Escalation Capacity (44 beds already open)

Reduce hospital occupancy / Ensure timely discharge

- Ward / Board round principles – Test for Change planned for October
- Home First
- Transfer of Care Hub (Occupational Therapy funded post & Connected Community Coordination)
- Frailty @ the front door – Test for Change planned for October
- Virtual Wards
- Urgent Community Response
- Review of Step Up Capacity and Provision at Aston
- Point Prevalence Study

Provide better support for people at home

- Monitoring/support of patients via community wards – crisis, rehabilitation, complex and end of life
- Monitoring/support of patients via step-up to speciality advice for frailty and COPD patients using virtual ward approach.
- Pathway 2 weekly multi-disciplinary team reviews of patients in community beds
- Continued development of transfer of care hub to target home care support appropriately, including expertise of occupational therapist

Mid Cheshire Hospitals NHS Foundation Trust – Assurance Check List 30/09/22 ‘Good Practice Basics’



	Out of Hospital	
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Yes
3	111 clinical contact > 50%	
4	Abandoned 111 call rate	
5	Ambulance conveyance to ED <49%	
6	Virtual wards in place that support admission avoidance and length of stay reduction	Yes
7	Ensuring primary care have extended hours for evenings and weekends	Yes
8	Urgent community response within 2 hours	Yes
	Site/Operational Discipline	
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Yes
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Yes

	Emergency Department	
16	Streaming of all patients who could be appropriately managed by a co-located urgent/primary care service in place at times matching the demand.	Yes
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Partial
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	Yes
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap	Partial
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	Yes
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
	Emergency Department Environment	
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	Yes
27	CDU adjacent or equivalent short stay Emergency patient area	Yes
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
	Emergency Department IT	
29	ED system in place to enable patient flow against national standards	Yes

	Inpatient Management	
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	No
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
	Discharge	
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	No
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Yes
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Yes
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

	System and Trust Oversight	
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Partial
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge



Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
1	Identify patients needing complex discharge support early	Optimal Flow	Evidence of delay in relaying patient needs to the IDT	Training needed about when to activate IDT and how to decide what pathway a patient is on	Training needs analysis is incorporated into the length of stay plan, link to DOG workstreams continue to report via Optimal flow and UEC
2	Ensure multidisciplinary engagement in early discharge plan	Optimal Flow	Variation in approach currently on wards some have MDTs other Huddles. Recent changes in pathways for discharge still need embedding	No standard approach Training needed across the MDT regarding the pathways	Incorporated into the ward process work proposed in the LOS plan. This work will work alongside wards to co design a standard approach for discharge planning.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	Optimal Flow	Baseline audit to be conducted as part of CLD work		Await findings but likely will need to form part of ward-based work under LOS plan
4	Ensuring consistency of process, personnel and documentation in ward rounds	Optimal flow	Ward round frequency and construct currently varied	No standard approach	Potentially could be added to the CLD and ward level work would need to link to the wards overall process for managing flow.
5	Apply seven-day working to enable discharge of patients during weekends	N/A	7 day working is not embedded across all clinical and non clinical support services	No standard approach	Out of scope for UEC
6	Treat delayed discharge as a potential harm event		Not currently in a scope of a work stream	No standard approach	Currently out of scope although the possibility is being explored with the Quality Governance team.
7	Streamline operation of transfer of care hubs	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Established links with third sector and looking to build links with wider sector such as housing Mapped out triage process to identify areas for improvement and streamline where possible (out of area referrals, completion of STTF, safeguarding process, daily 1pm MDT meetings). Benchmarking undertaken against ToCH Good Practice guide	Not all stakeholders fully aware of the pathways and processes to access the hub	Reviewing roles and responsibilities within the hub Developing directory of services for the hub, outline of offer, key contacts and referral routes Pathway processes (1, 2 & 3) are being reviewed, streamlined and clearly defined to ensure they can be easily understood and followed by staff Standardising processes across East and West i.e., accessing care and accessing brokerage

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge (Continued)



Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
8	Develop demand/capacity modelling for local and community systems	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Acute and Community Gateway used to monitor demand and bed availability in the community. Brokerage dashboard developed and is being reviewed on a fortnightly basis for people going into short term nursing or residential placements		Additional reports will be accessible from the end of August 2022, which will allow closer monitoring of the outcomes and associated with D2A Linking in with a wider piece of work being undertaken around demand/capacity modelling at place level Capacity and utilisation of D2A beds in the community currently being reviewed
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Workforce capacity will be better understood following the Home First trial and once the demand/capacity modelling is complete		Looking at therapy offer in each of the pathway 2 settings
10	Revise intermediate care strategies to optimise recovery and rehabilitation.	Transfer of Care hubs/ Pathway 2	Planning to trial a Home First model of D2A with Ward 19 (end of July), in collaboration with British Red Cross. This will help to inform future strategies to optimise recovery and rehab.	Not currently in project plan	Incorporate into UEC or DOG workstream

The plan is intended to provide additional resilience in the hospital system to support an increase in demand on urgent and emergency care services and to also recognise and respond to the operational context described above. The plan recognises, however, that the level of operational resilience required is likely unachievable, due to financial, workforce and other constraints. It is important therefore that the plan is ambitious but deliverable. The focus of the plan and the funding available is therefore around improving flow and discharge.

The full plan is available via the following link

<https://westcheshireway.glasscubes.com/share/s/j1a51i39u31s7vug79bui62385>

The UEC pressures faced by the Trust over the coming months are likely to continue to test the resilience of services and our staff. To ensure the organisation is as prepared as it possibly can be, the Trust has developed a winter surge plan. The key components of the plan are summarised in the below table.

Bed based capacity	Ward 9 – repurpose the orthopaedic ward to a medical ward with 18 beds
	Open James Cross Unit (JCU) with 8-12 beds
	Open Ward 24 with 11 beds for either medical patients or to continue with the delivery of the orthopaedic elective programme. Operational pressures will determine which option is enacted.
	Critical Care (4-7 beds)
	The unit already has physical capacity to escalate from the baseline 11 to 18 beds. The staffing and costs of these escalation beds have not been factored into the plan – see below.
	Points to note:
	<ul style="list-style-type: none"> The plan assumes that the current bed capacity including the escalation beds remain open throughout winter, the financial consequences of which are already factored into the Trust’s financial plan. This plan is based on additionality not already operational and open The modelling described above requires a maximum of an additional 56 beds. The winter plan identified a maximum of 41 additional beds, exc. critical care but would result in a significant impact on the orthopaedic elective programme however it would protect the urgent/cancer elective programme.

Mid Cheshire Hospitals NHS Foundation Trust Winter Plan



CCICP	GNA / Domiciliary Care Additional funding of £281k for between 8-10 WTE staff for the General Nursing Assistants (Service).
	Virtual Ward Current bid for System money for an additional 44 beds at a cost of £1.4m. A system decision of funding this capacity is still awaited.
	Complex Patients / Long Length of Stay (LOS) Review Additional LOS Coordinator and Discharge coordinator to review all patients who are 'Not Ready for Discharge', with a LOS over 14 days, to ensure timely progression of care plans. Cost £86k.
Hospital Services (Non-Bed-Based Services)	Discharge Lounge Mon-Fri service to create bed capacity earlier in the day, by supporting the progression of discharge plans for patients in a separate location.
	Paediatric Nursing Additional Registered Nurse on nights to support acuity increases in winter.
	Transport Extra Discharge Vehicles Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge
	Additional Out of Hours Site Support Additional SMOC or CSM during the evenings and at weekends to support the management of the site and staff issues.
	Pharmacist Support Additional pharmacy support in ED and on AMU to support more timely discharges in these areas.
	Therapy Support Additional therapy support on the core wards and to support flow via a Discharge to Assess model.
	Trust Wide Discharge Coordinators Additional staff to support the progression of discharge plans for patients on core wards covering weekends and annual leave/ sickness.
	Additional Transfer Team To support patient moves later in the day to support flow of DTA patients out of the Emergency Department.
Elective service resilience	Orthopaedic Elective Inpatient Service (Ward 24) The capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March.

Mid Cheshire Hospitals NHS Foundation Trust Winter Plan



Staff Health & Wellbeing	<p>The organisation has provided a significant amount of health and wellbeing support to staff over the last 2-3 years during Covid-19. Most of the support, along with additional offers, will continue to be available as the Trust considers the health and wellbeing of staff a priority. The support being provided can be categorised in to four buckets:</p> <ul style="list-style-type: none"> • Psychological wellbeing • Social wellbeing • Physical wellbeing • Financial wellbeing • The Trust will continue, especially throughout the winter, listen to staff about what further we could offer to support them from a health and wellbeing perspective.
Vaccination	<p>1. The vaccination of our workforce and eligible patients will be a key undertaking to provide greater resilience and protection to people during the winter. The vaccination of staff is underway, and the ambition is to provide most staff (>90%) with the Covid-19 booster vaccination and 70-90% off staff with the flu vaccination. This will protect staff and keep them well.</p>
Cheshire West and Cheshire East PLACE Plan	<p>The Trust has engaged with the development of the wider PLACE winter plan to increase and provide greater operational capacity and resilience across the full breadth of care services, particularly out of hospital services. At the time of writing this paper, the winter plan for Cheshire West PLACE and Cheshire EAST PLACE was not available.</p>
COVID-19	<p>The organisation will need to adopt an agile approach to planning for Covid-19 and will need to adapt plans based on circumstances at the time of any spikes or future waves. The Trust will continue to comply with relevant IPC guidelines including the ongoing separation of suspected symptomatic patients that attend ED and will continue to test only symptomatic patients in line with national guidelines. The Trust will continue to implement national guidance in relation to the management of Covid-19 and take a risk-based approach to decision making to keep both patients and staff safe during spikes in Covid-19. To protect staff and prevent the spread of Covid-19 in hospital, the Trust has already made the decision that patients and staff will be expected to wear a facemask in all clinical areas until March 2023.</p>

North West Ambulance Service



- ✓ The North West Ambulance NHS Trust (Nwas) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The link to Strategic Winter plan is included below

[North West Ambulance Service - Strategic Winter Plan 2022 v2](#)

Non Emergency Patient Transport Service

In Hours

- Non means tested, eligibility criteria dependent on medical requirement
- **Winter Plan due October**
- prioritise patient discharges
- Increased support around bank holidays



Out of Hours – Details of transport Services organised by
East Cheshire Trust
Mid Cheshire Hospital NHS Foundation Trust

Mental Health

- Cheshire and Wirral Partnership NHS Foundation Trust commissioned Independent Support Living (ISL) contract in place in reach support to mental health patients in A&E
- ICB funded secure transport - utilise Response 365 to ensure quality & value

Falls Prevention

Working together to reduce falls, promote independence and reduce the number of admissions into hospital will be supported by the following:

Falls Pick Up Service delivered by Rosscare / Millbrook who provide a falls pick up service 24/7 through the assistive technology contract.

One You Cheshire East stand strong classes: 26 week strength and balance training programme to improve strength, balance and mobility.

Urgent Community Response: The Urgent Community Response services provided by Central Cheshire Integrated Care Partnership and East Cheshire Hospitals NHS Trust operate 12 hours a day, 7 days a week, is a multidisciplinary service which responds to falls within 2 hours of referrals.

Falls Prevention Specialist Therapists: Two integrated falls prevention specialist therapists who will operate across Cheshire who will provide falls prevention specialist care in the community and including clinic settings.

Assistive Technology and Community Equipment inclusive of falls sensors and detectors that link to a monitoring centre that will raise alerts to a carer or monitoring centres

Independent Care Providers Support Mechanisms

- ✓ Maximising Flu & COVID-19 vaccinations amongst residents and staff (monitored by national capacity tracker)
- ✓ Flu outbreak preparations and support via Infection Prevention control and Public Health
- ✓ Mutual aid calls for care at home and care homes
- ✓ React to red (pressure ulcer) Webinar
- ✓ Capacity Tracker training offered to all Care Homes
- ✓ Care Homes who have highest hospital admissions, a targeted review and additional support package being worked up
- ✓ Working Group to increase weekend discharges into care homes and wrap around support
- ✓ Public Health and Cheshire Infection Prevention & Control guidance in place to support discharges into Care Homes
- ✓ Enhanced Health in Care Homes programme of work underway
- ✓ Urgent Community Response
- ✓ Cheshire Infection Prevention Control Winter webinar for Care Homes
- ✓ End of Life Partnership training

Indicative C&M Winter Planning Timeline

When	What	Who
24 August	Convene inaugural winter plan operational group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by national winter letter issued 12/08 (frequency weekly)	Anthony Middleton
29 August	ICB to feed into regional return on 29/08 on progress on delivery of additional capacity plans (c. £15m for C&M)	Anthony Middleton
14 September	C&M ICB Winter Planning Event, with a focus on: <ul style="list-style-type: none"> • Touch point for sharing learning and best practice • Place led review of self assessments against local and national criteria • Identification of key risks and areas of focus for mitigating actions 	Hosted (clinically led) and facilitated by ICB Places
Mid-Late September	Continued development of winter plans based on self assessments and learning from C&M event	WPOG
Late September	NW regional winter event, date TBC	NW Regional UEC Team
w/c 26 September	Return of Operational Self-Assessment Good Practice Checklist First return of national tracker against winter assurance framework, monthly thereafter	Anthony Middleton
29 th September	National UEC system flow event around winter preparation. North-based event will be held on Thursday 29th September in Manchester.	WPOG members and other relevant leads as identified
29 th September	Update to ICB Board if required	Anthony Middleton, Chris Douglas, Rowan Pritchard- Jones
October	Continued development of winter plans Engage with national/regional assurance process, timelines and outputs TBC	WPOG, NW Regional UEC Team, relevant systems
November	Full implementation of winter plans Winter room arrangements stepped up to seven days no later than 01/12/2022	All