Cheshire East Place System Winter Plan 2023/2024

Version 3: 10/10/23

Slide Index

Review of Winter 2022/23

Our Joint System Reflections

- Staff capacity to support change within identified timescales
- Seven-day service provision implications
- Workforce recruitment difficulties in recruiting alongside a growing and increasingly complex workload
- Non-Recurrent funding streams, not knowing how much funding will be available and when
- To work together on a joint systems Communication Plan
- The local system working together to agree how the Better Care Fund can be deployed to best effect
- The two Acute Trusts are working with ECIST to improve criteria led discharges and weekend discharge planning
- Development of virtual wards
- Cheshire East System focus is on all year-round operational resilience which is resource intensive

Winter Plan Risk Profile

Whilst mobilising the System Winter plan and enacting a number of additional Winter schemes that provided additional capacity, several wider system competing priorities and risks where managed at a system level during Winter as detailed below:

- Spikes of significant operational pressure across the system including problems in discharging patients to the most appropriate care setting alongside demands of covid and flu has seen hospital occupancy reach records levels and patient flow has therefore been slower
- Winter Planning and ongoing Assurance monitoring locally and regionally
- System recovery following Bank Holiday breaks and Strike action
- Return of Maternity Ward, East Cheshire Trust
- Raac Plank risks at Mid Cheshire Hospital Foundation Trust
- Responding to regional and national funding directives and producing capacity plans, monitoring spend and reporting on activity.
- Maintaining quality and safety provision for the people of Cheshire East.
- Workforce Challenges across the Health and Social Care system

All of the above additional system challenges continued to be effectively managed and priorities across the system which should be recognised as exemplary joint system partner working in achieving across our Integrated Care System in Cheshire East Place

Introduction - Forecast Winter 2023/24

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 October 2023 to 31 March 2024

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 Flu and 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

Forecast for Winter 2023/24

The following issues have already been identified

- Cost of living rises
- Industrial action
- Capacity constraints due to discharge challenges in community and social care.
- Care Home beds capacity challenges dementia nursing beds
- Seasonal flu vaccination remains a critically important public health intervention and a key priority for 2023 to 2024 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID-19) pandemic.
- This year's Autumn flu and Covid vaccine programmes will start earlier. Vaccinations begin 11/09/23 for those most at risk
- Mobilise additional capacity should it be required to respond to peaks in demand driven by external factors eg, very high rates of flu or COVID-19, potential further industrial action.
- Mental Health – ED & In patient mental Health delays, Prometheus contract ceases 30/09/23
- Primary care, Access to GP services
- Urgent care recovery
- ED Estates improvements to support capacity at both East & Mid Cheshire
- Continuation of the Raac plank replacements at Mid Cheshire
- Elective Recovery
- Additional NHS funding is not expected in Quarter 3 & 4
- Providers have identified additional high impact interventions. Prioritisation process subject to additional funding
- Clear message from the North West Winter Event 2023 – ‘not to start anything new’

Delivering operational resilience across the NHS this winter

January 2023

Recovering Urgent & Emergency Care (UEC)

Primary Care Recovery Plan

Elective Recovery Plan

Strong basis to prepare for winter

Two Key Ambitions 2023/24:

(1) 76% of patients being admitted, transferred, or discharged within 4 hours by March 2024

(2) Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24

Incentive Scheme for Providers with Type 1 A&E to overachieve to receive a share of a £150m capital fund in 2024/25

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

Key Focus

- UEC recovery plan – ensuring high-impact interventions are in place
- Operational surge planning
- Effective system working across all parts of the system
- Supporting our workforce
- Provider Market Sustainability & Oversight

Cheshire East - System Winter Planning Timeline 2023/24

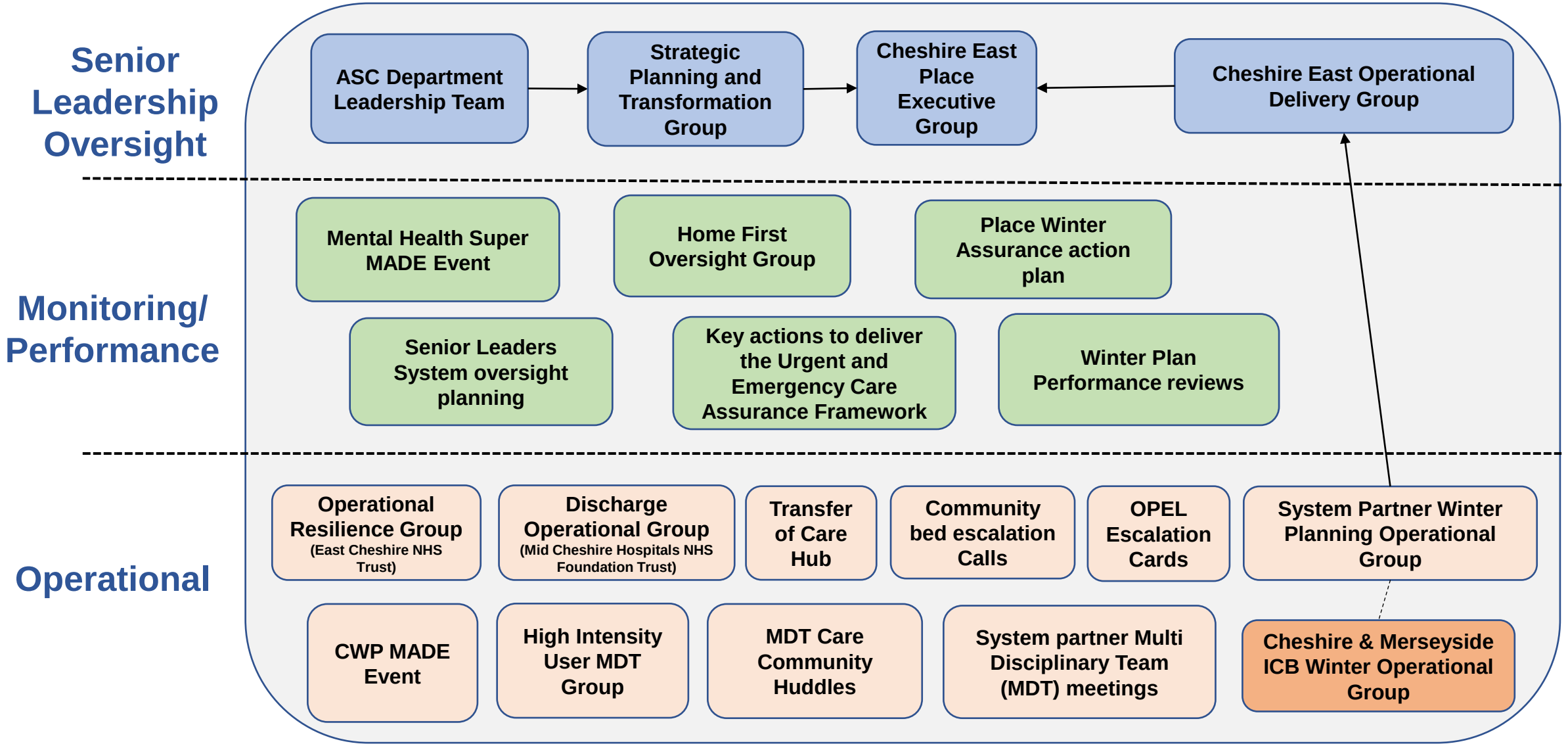
Ref	Winter Planning	Lead	Date for completion	RAG Rating	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1.1	Care Communities Development Session	JW/DMc	06/07/23										
1.2	Primary Care - GP Confederation	PK/DH	20/07/23										
1.3	Cheshire East System Winter Plan Oversight Group Inaugural meeting	DMc	20/07/23										
1.4	Clinical Lead - Dr Jimi Robinson	JR	15/08/23										
1.5	Co development & design session of the framework for the System Winter Plan 2023/24	DMc	15/08/23										
1.6	Cheshire East System Winter Plan Oversight Group	DMc	28/09/23 each month to end of March 2024										
1.7	System Demand & Capacity Modelling including the care community metrics for winter planning	MG	Aug										
1.8	Maturity Assessment Health & Social Care - MCHFT, ECT & CEC	SG/DF/ES	Summitted August										
1.9	Numerical Plan (Matrix NW4704 - Filter to Trust)	JY/SG/DF/MW/ DMc/KB/DS/SE	30/08/23										
1.10	Key Lines of Enquiry Narrative Plan (KLOE)	JY/SG/DF/MW/ DMc/KB/DS/SE	25/08/23										
1.11	Operational Delevery Group Review of Narrative Plan & KLOE - for Review prior to submission	JY/SG/DF/MW/ DMc/KB/DS/SE	25/08/23										
1.12	Care at Home & Care Home Provider Winter Preparedness Webinars convened with providers week commencing 21st August.	DMc/DS/EH	21/08/2023										
1.13	Adult Social Care Winter Plan to be circulated for comments and aligned to the Social Care Winter letter	DMc/DS	05/09/2023										
1.14	System representation agreed to attend The Northwest Winter Conference in Bolton Wednesday 6th September.	JE/KB/SG	06/09/2023										

Cheshire East - System Winter Planning Timeline 2023/24

Ref	Winter Planning	Lead	Date for completion	RAG Rating	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2	**Cheshire East Place Governance**												
2.1	Winter Plan Evaluation of 2022/23 to Adult Health Scrutiny Committee	MWil	07/09/2023										
2.2	UEC Whole System Winter Plan first draft	DMc	08/09/23										
2.3	Adult Social Care winter plan to CEC Director Leadership Team/Cheshire East Place Leadership Group	DMc	18/09/2023										
2.4	Draft System Winter Plan to Better Care Fund Governance Group for sign off	DMc	21/09/2023										
2.5	Draft System Winter Plan to Operational Delivery Group for noting & information	DMc	22/09/2023										
2.6	System winter plan to Cheshire East Place Leadership Group - For sign off	DMc/SB	05/10/2023										
2.7	Quality & Performance - check & challenge	DMc/KB	13/10/23										
2.8	Implementation New OPEL Framework for Acute Trusts	JY/MW	01/11/23										
2.9	Final System Winter Plan Health & Wellbeing Board	DMc/SB	22/11/23										
2.10	Final System Winter Plan submission to North West Regional Operational Centre	DMc	23/11/23										
Ref	**Winter Planning**	**Lead**	**Date for completion**	**RAG Rating**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
3	**Regional Oversight**												
3.1	Cheshire & Merseyside ICB UEC Improvement Steering Group	DMc/KB/LH	Every Mon										
3.2	Cheshire & Merseyside ICB Winter Planning Technical Call	DMc/KB/LH	Every Wed										

Monitoring, Oversight and Governance Structure

Cheshire and Merseyside



Ambition for Winter 2023/24

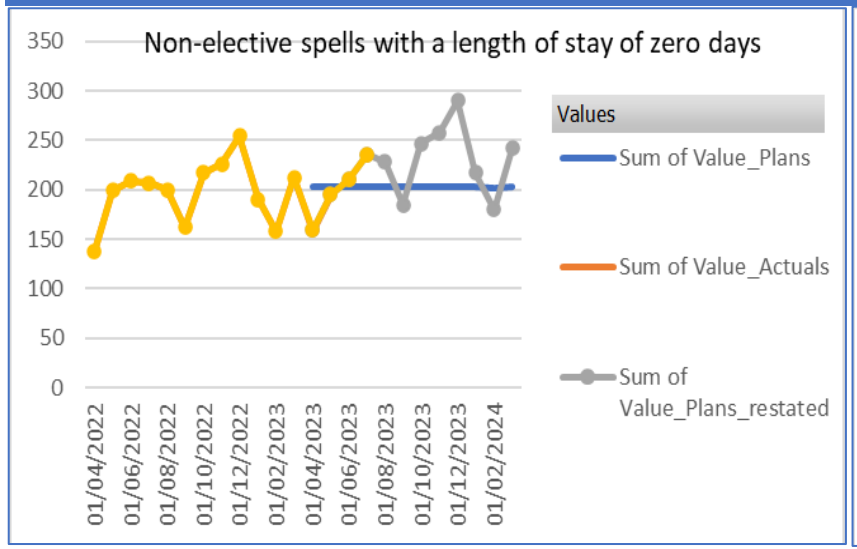
A&E 4-hour standard	• 76% of patients being admitted, transferred or discharged within 4 hours
Cat 2 ambulance mean response time <30 mins	• Category 2 ambulance calls are for condition such as stroke or chest pain that require rapid assessment
12-hour time in department	• The percentage of people (type 1 attendances) who are delayed over 12 hours from arrival to the ED. Target is <2%
14-day LOS	• target is <25%

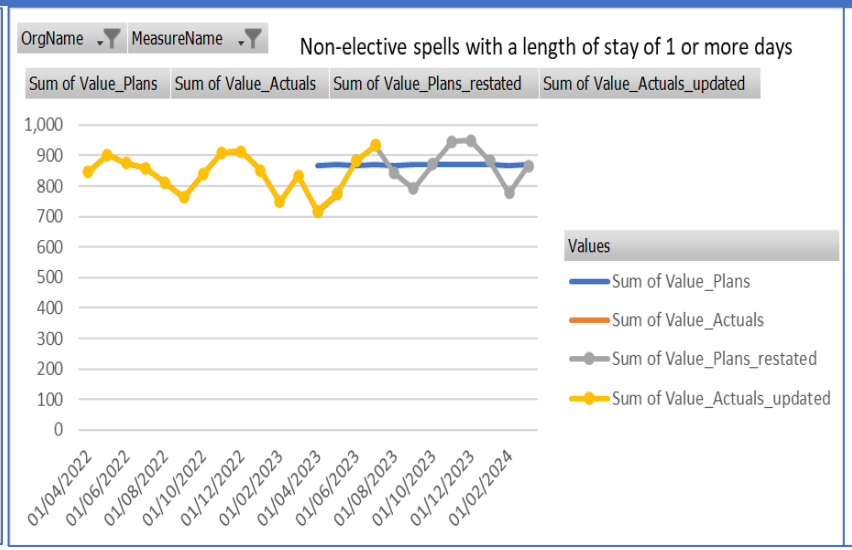
Demand Forecasting

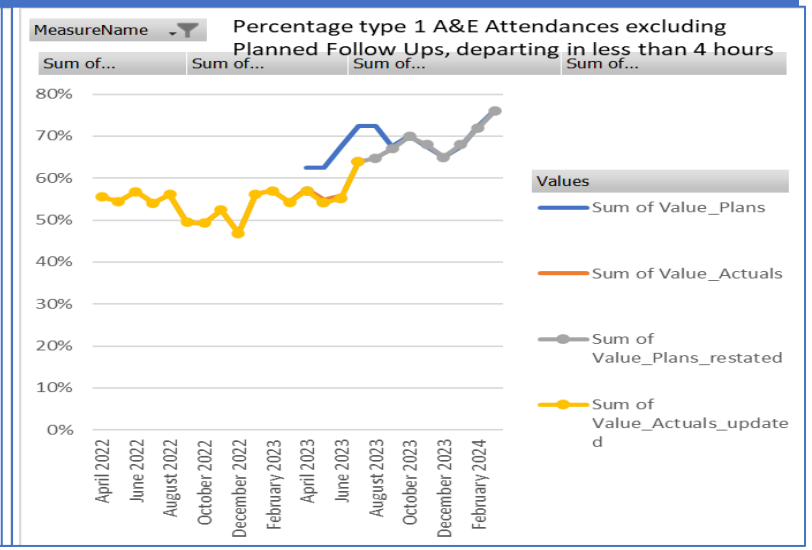
Context:

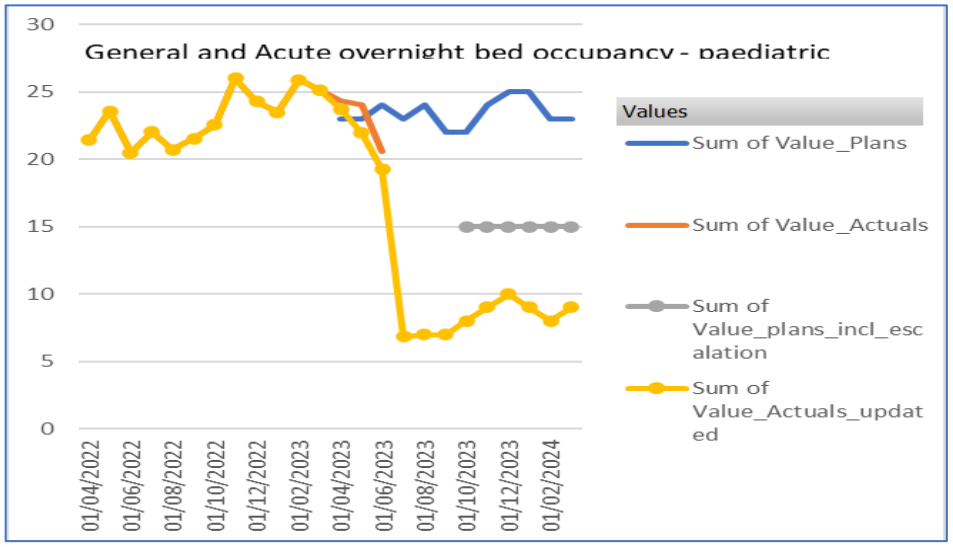
ECT & MCHFT have completed & submitted (30/08/23) to NHS England numerical templates reflecting 2023/24 plans/restated plans of the planned demand expected in winter of 2023/24, and additional escalated capacity that could be delivered if required. A summary by Trust is included below.

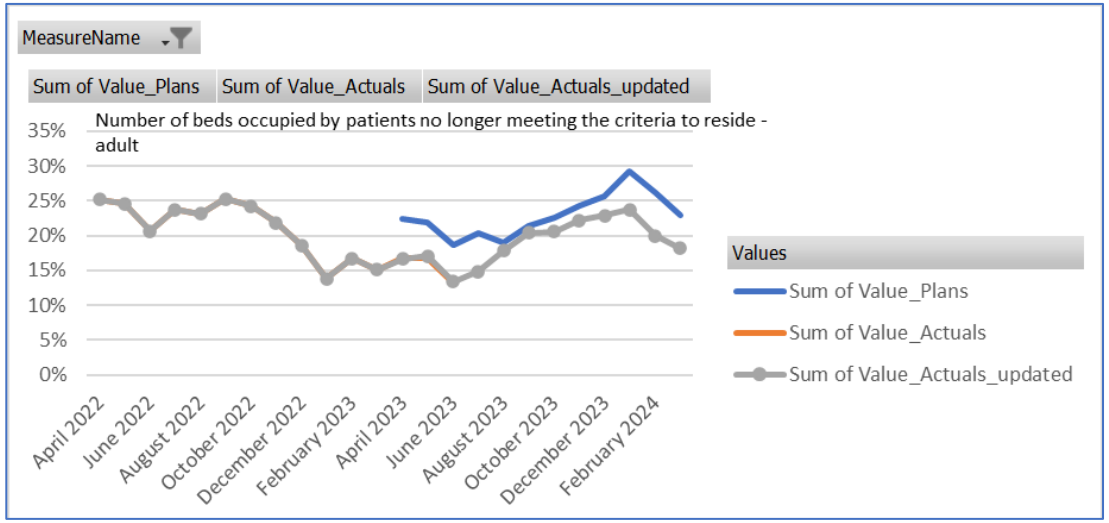
East Cheshire NHS Trust





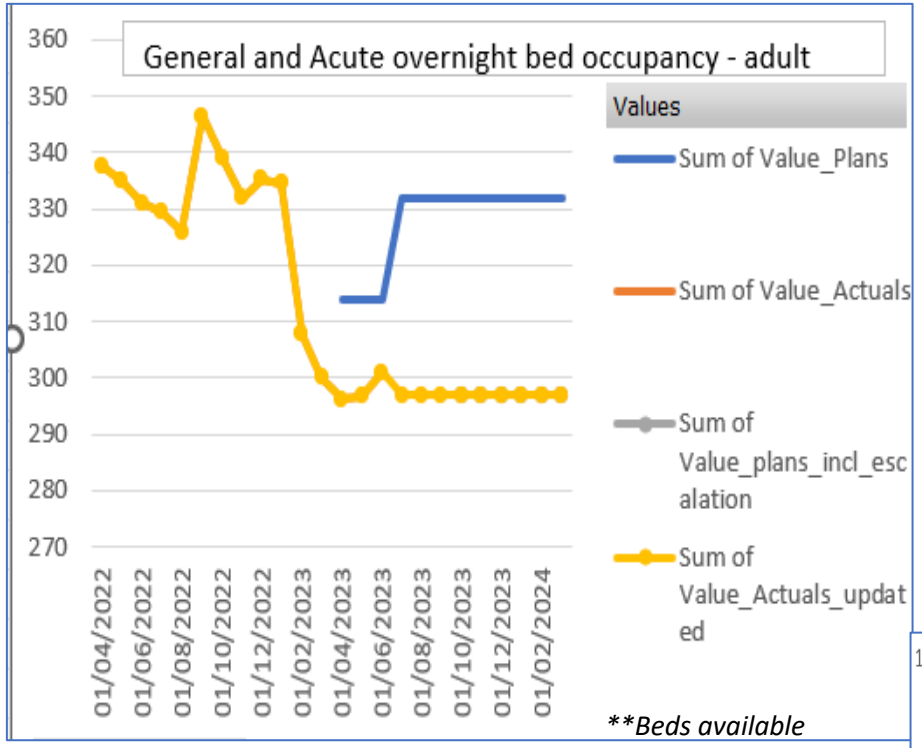






Demand Forecasting

East Cheshire NHS Trust



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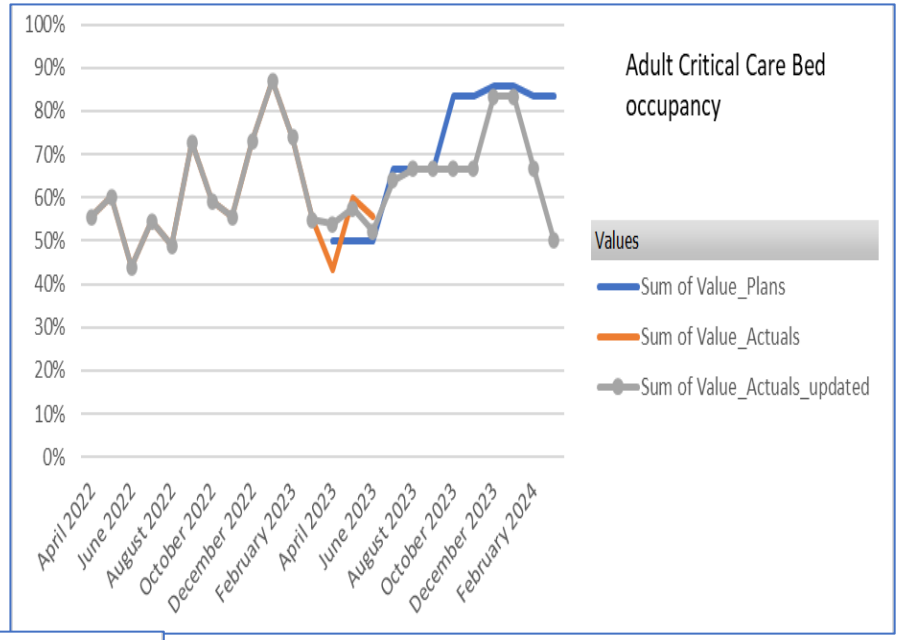
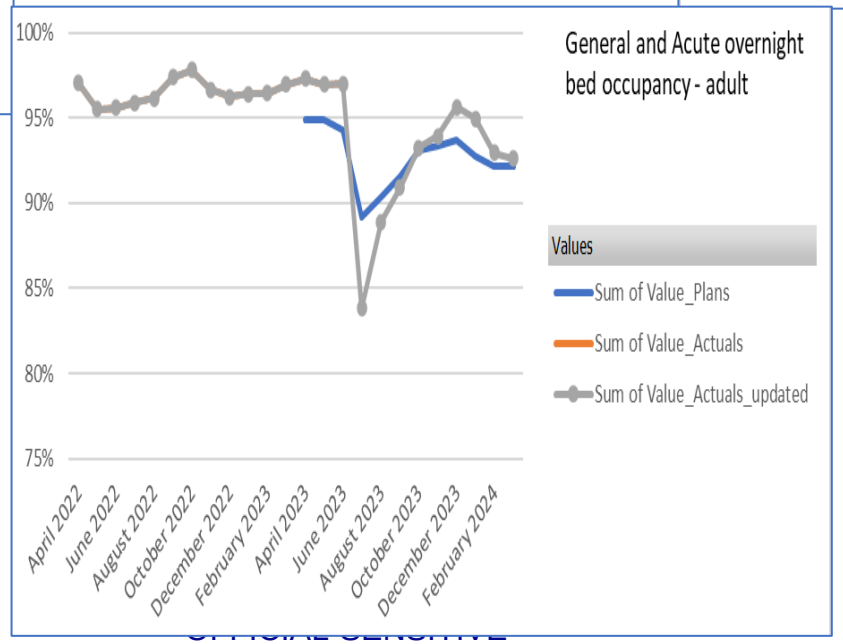
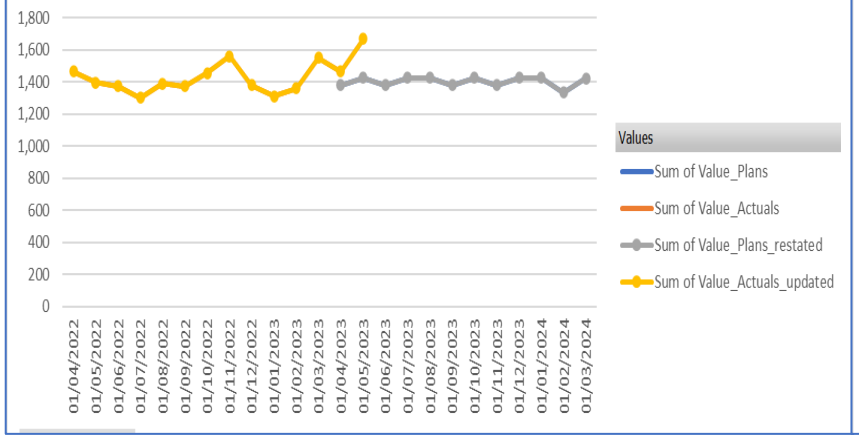




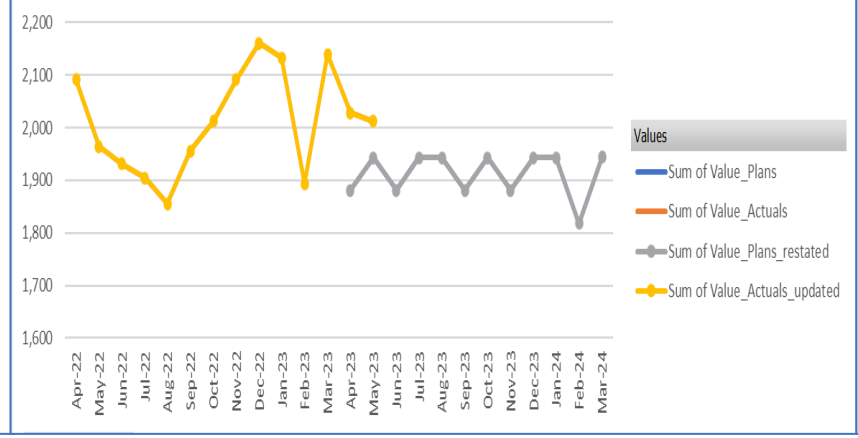
Demand Forecasting

Mid Cheshire Hospitals Foundation Trust

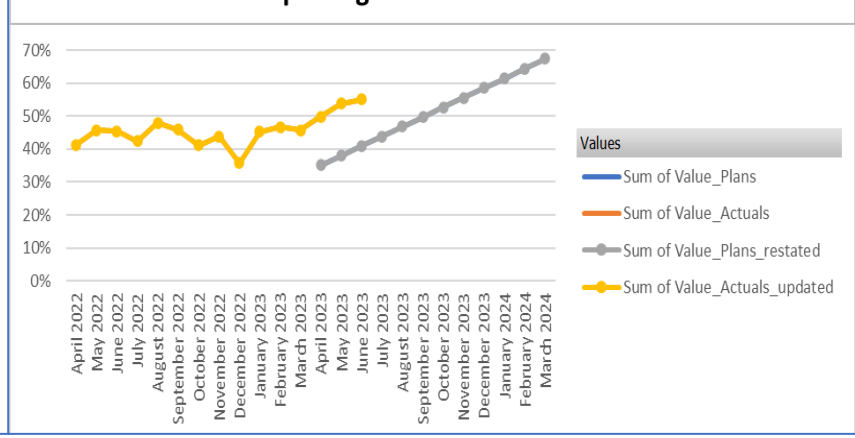
Non-elective spells with a length of stay of zero days



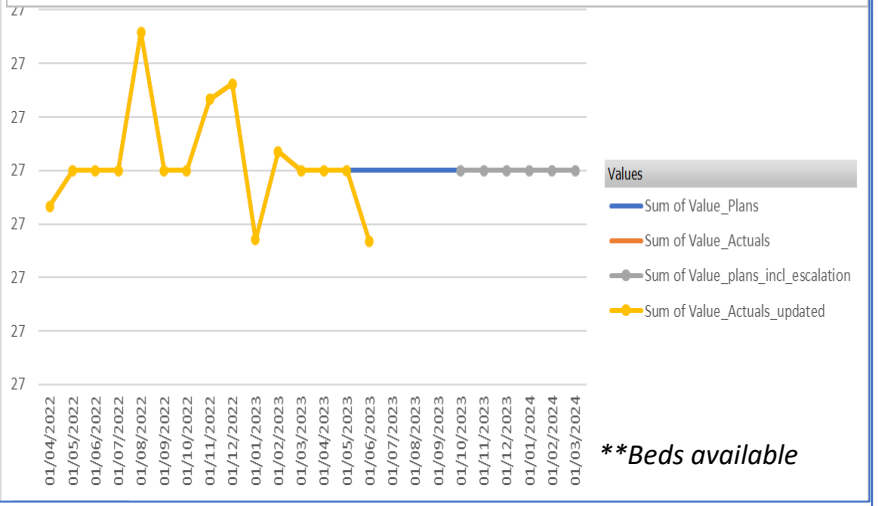
Non-elective spells with a length of stay 1 or more days



Percentage type 1 A&E Attendances excluding Planned Follow Ups, departing in less than 4 hours

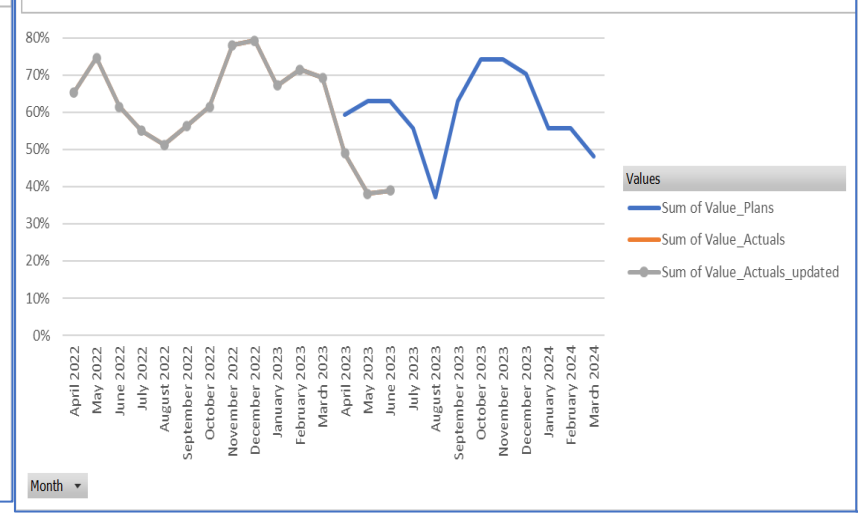


General and Acute overnight bed occupancy - paediatric

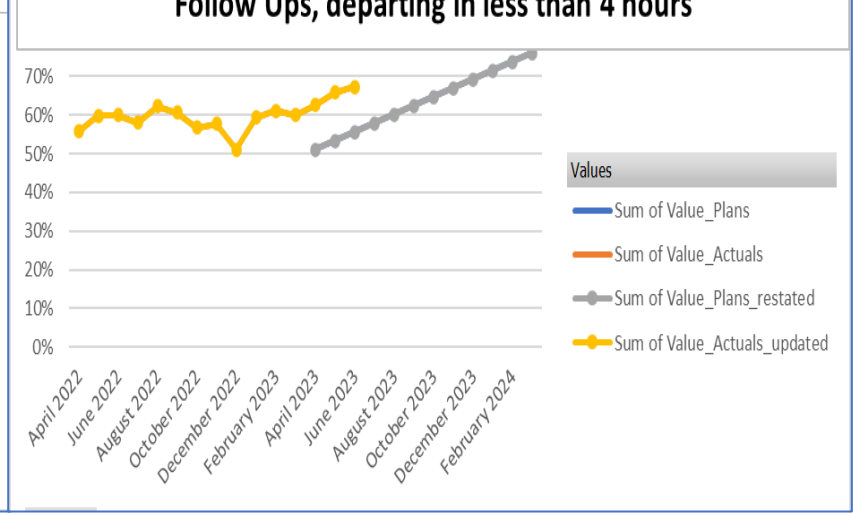


***Beds available*

General and Acute overnight bed occupancy - paediatric

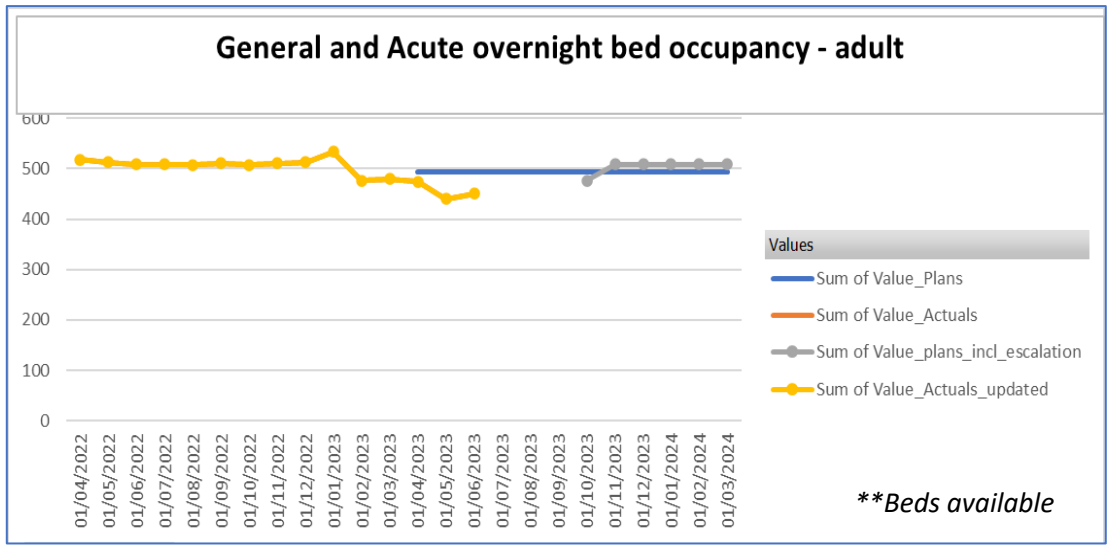


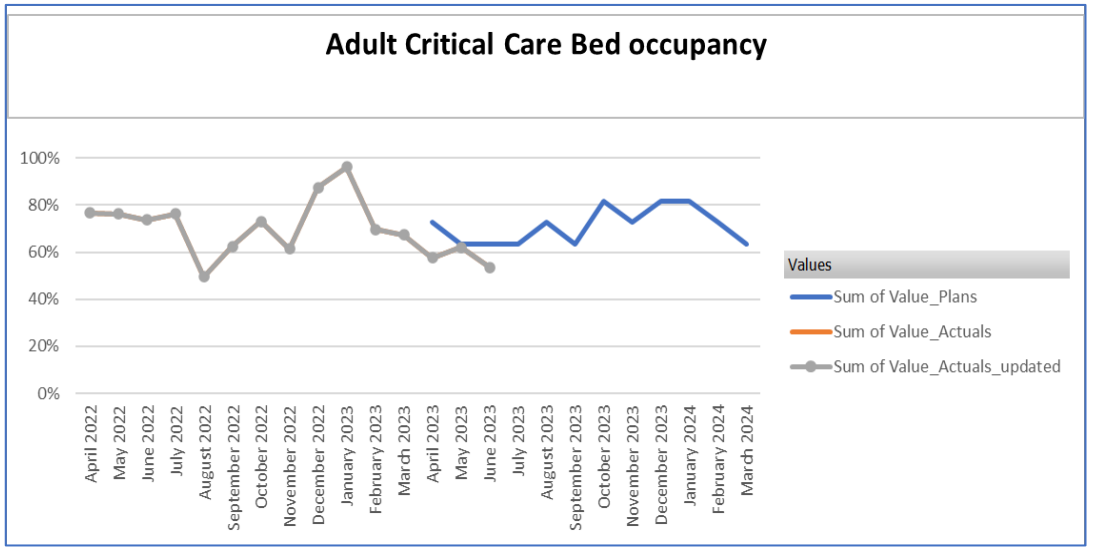
Percentage type 1, 2, 3 A&E Attendances excluding Planned Follow Ups, departing in less than 4 hours

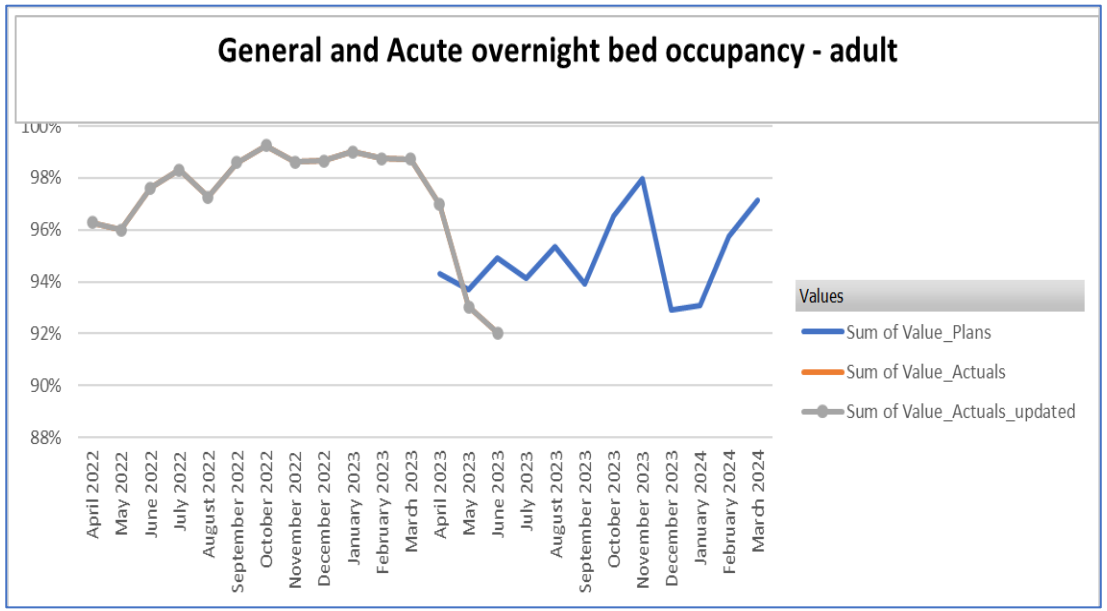


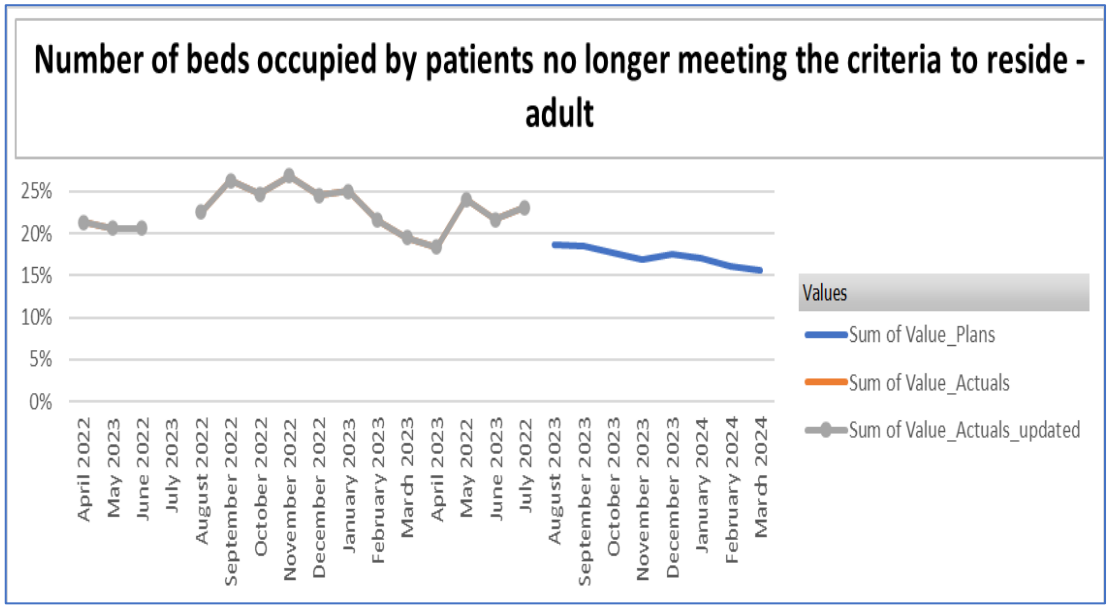
Demand Forecasting

Mid Cheshire Hospitals Foundation Trust









Numerical Template - Output

Metric	Projected Change on 23/24 Plan (March 2024)	Comment
Adult Critical care Bed Capacity	Anticipated critical care capacity bed numbers & occupancy remain the same ECT = 6 beds, 85.7% occupancy (7 available beds – 6 level 3 funded beds plus 1 unfunded for escalation) MCHFT = 11 beds, 64% occupancy	Plans are being developed to respond to peaks in demand for adult and paediatric surges. Paediatric and critical care plans co-ordinated through C&M and GM networks
General & Acute Overnight Bed Occupancy - Adult	ECT = 297 beds available, 92.6% occupancy - 12 escalation beds if funding agreed MCHFT = 508 beds available, 97% occupancy – 32 additional beds included only available if funding agreed	Reduction in bed numbers and limited additional escalation capacity relates primarily to RAAC and reclassification of GA beds to maternity services in East Cheshire NHS Trust
General & Acute Overnight Bed Occupancy - Paediatrics	ECT = 15 beds available, 60% occupancy MCHFT = 27 beds, 78% Avg occupancy remains the same	
Non-elective spells with LOS zero / 1 or more days	**LOS 0** ECT = 242 March 2024, 2,647 2023/24 **LOS 0** MCHFT = 1,421 March 2024, 16,809 2023/24 **LOS 1+** ECT = 866 March 2024, 10,233 2023/24 **LOS 1+** MCHFT = 1,944 March 2024, 22,944 2023/24	Broadly in-line with 2022/23 actual spells
A&E attendances and 4-hour performance	ECT = 76.9% March ambition remains the same MCHFT = 76.9% March ambition remain same	Forecast to March 2024 remains the same
Number of beds occupied by patients no longer meeting the criteria to reside - Adult	ECT = 834 FY, average 70 per mth, 70 March 2024 (24%) MCHFT = 1,021 FY (27% reduction vs 22/23), average 85 per mth, 75 March 2024 (15%)	Broadly in line with 2022/23 for ECT, reduction for MCHFT
Community Beds	No Change to Plans	
Virtual Ward (VW) Capacity / Occupied	The VW programme will submit a rebased plan with a lower number of beds. Bed occupancy forecast to March is 80.1% (Cheshire & Mersey level)	The planning review was stimulated by recognition of several factors • Underutilisation of live capacity • Delays in mobilisation • Recruitment delays and staff shortages impacting ability to go live. • The need to evaluate prior to expansion pilot specialities. • Financial pressure in the ICB

Performance Management & Escalation

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
- ✓ 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
- ✓ Infection Prevention and Control Operational Group flexibility to step up and combined with daily MDTs
- ✓ Primary Care APEX System
- ✓ Implementation plan for the updated Operational Pressures Escalation (OPEL) framewok – Key actions Place/SCC
- ✓ System Coordination Centre System Calls – Development of a real time reporting tool for Cheshire & Merseyside

Winter Planning - Escalation

System Co-ordination Centres

- Revised operational standards issued for implementation by 01 November
- Central co-ordination service to providers of care across the ICB supporting patient access to safe, high quality care
- Responsible for the co-ordination of an integrated system response using OPEL Framework alongside provider and ICB policies.
- OPEL Framework contains specified and incremental core actions for the SCC at each stage of OPEL.
- Responsible for supporting interventions on systemic issues that influence patient flow.
- Concurrent focus on UEC and the system's wider capacity including, but not limited to, NHS111, Primary Care, Intermediate Care, Social Care, Urgent Community Response and Mental Health services.
- **3 Expected outcomes from SCC operations:**
- **Improved visibility of operational pressures:**
- **Real-time co-ordination of capacity and action:**
- **Improved clinical outcomes**

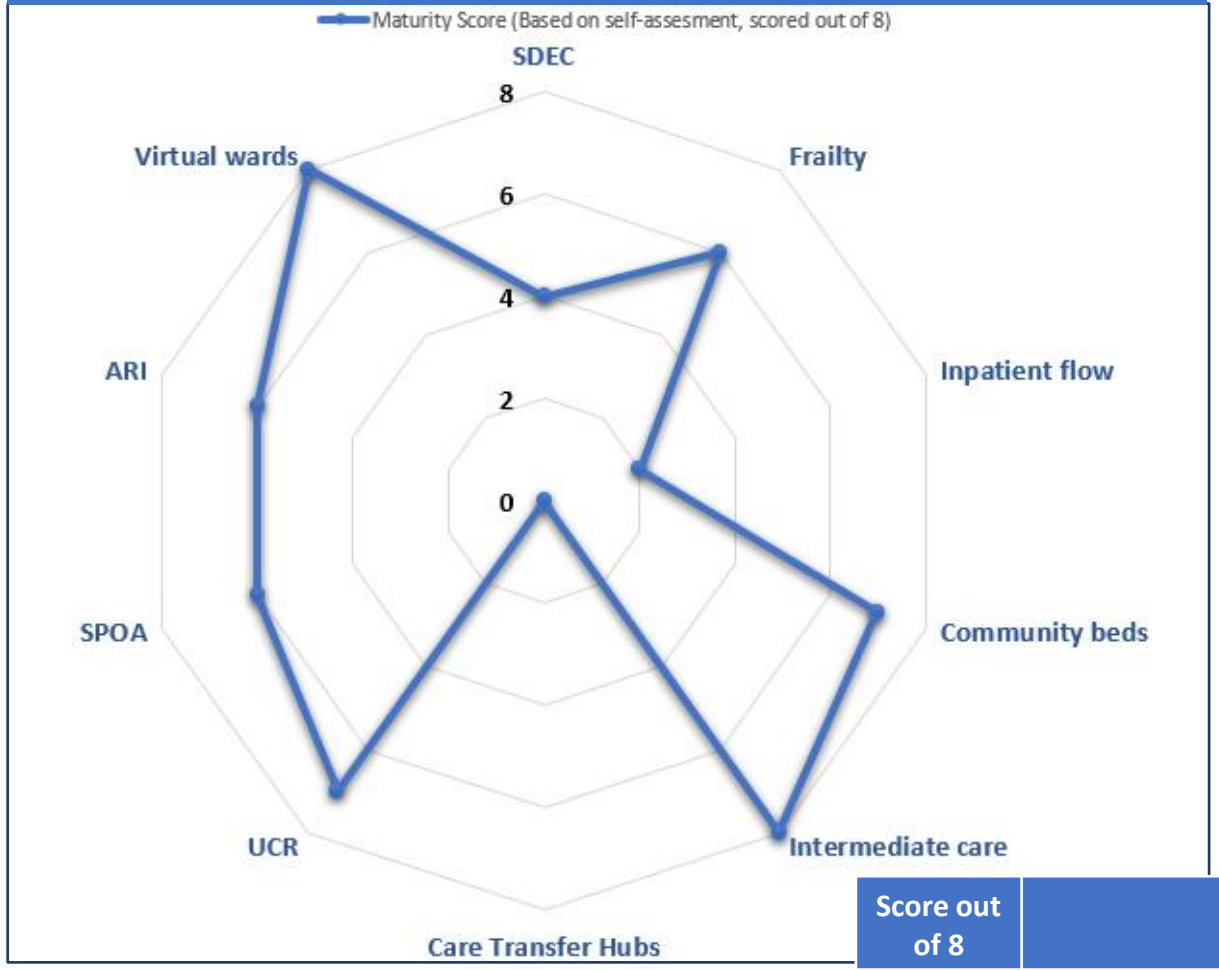
Operating Pressure Escalation Level (OPEL) Framework

- New OPEL framework issued for Acute Trusts, to be implemented by 01 November 2023 using real time data.
- Real time data system in procurement, likely RAIDR or SHREWD, TBC
- OPEL score out of 50 across 10 parameters centred on ambulance handover, cohorting, ED attends and performance, majors and resus pressures, time to treatment, wider bed state including NCTR
- ICB level OPEL will be determined automatically by the Trust declarations, with a proportion of the score for each acute site going towards the OPEL score for the ICS
- C&M SCC will operate daily calls through winter, likely minimum 2x OPEL declarations per day
- Action cards are defined nationally, ICBs need to define their triggers and action cards for system actions with local partners e.g. at Place level
- **Further work required to agree what the key actions are for Place at each OPEL stage, at ICB level and beyond, in particular escalation with local partners at OPEL 3 and 4**

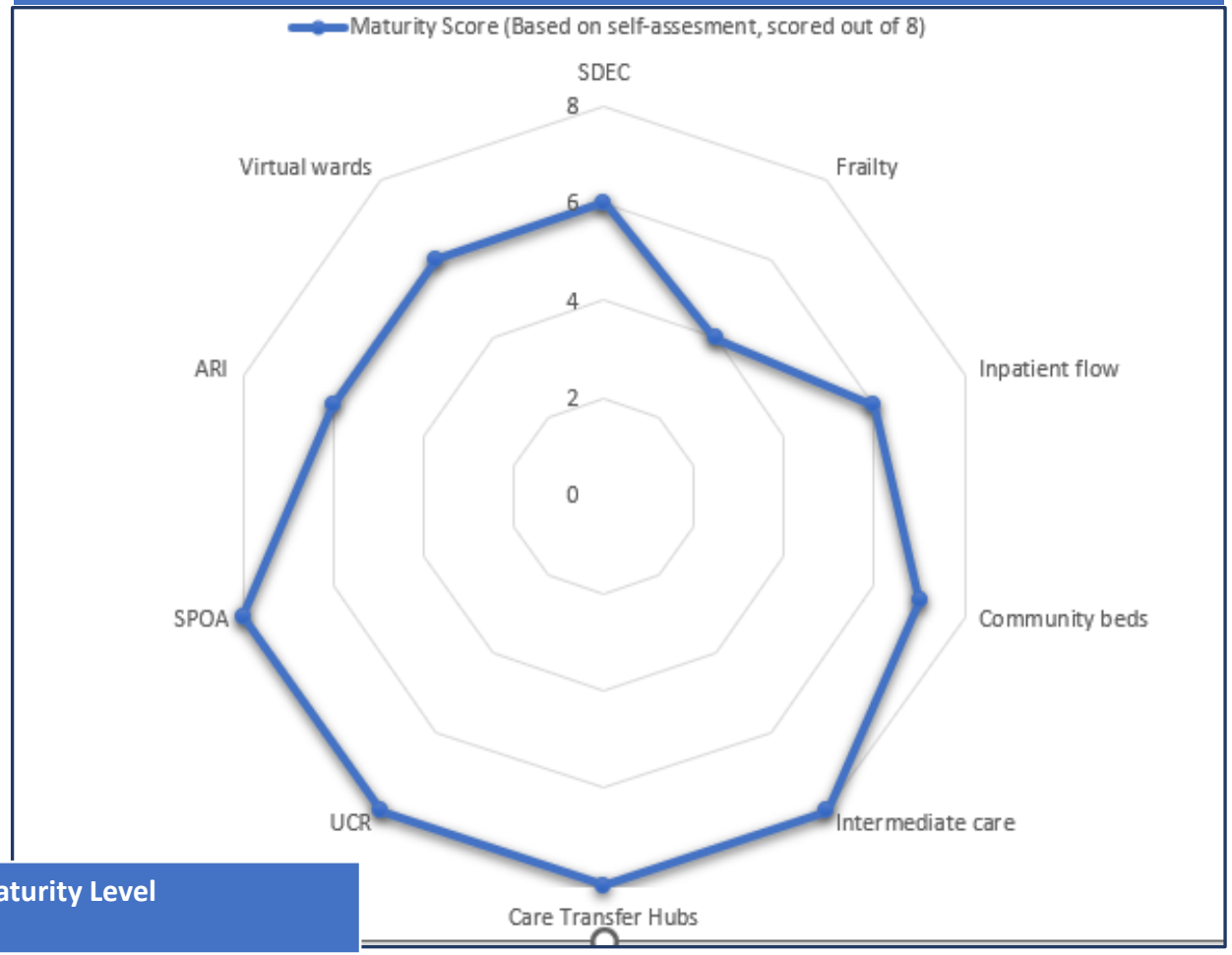
	High Impact Interventions – Actions . **Requirement to focus on 4 areas, national visit & maturity assessments**	System Roles & Responsibility
1	❖ **Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	East Cheshire NHS Trust Mid Cheshire Hospitals FT
2	❖ **Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	East Cheshire NHS Trust Mid Cheshire Hospitals FT
3	❖ **Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients	Cheshire & Wirral Partnership FT East Cheshire NHS Trust Mid Cheshire Hospitals FT
4	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	Cheshire & Wirral Partnership FT East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
5	❖ **Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	Transfer of Care Hubs System Partners
6	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab	ICB & System Partners
7	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.	East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
8	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission	East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership
9	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment	Cheshire & Wirral Partnership FT
10	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.	Primary Care East Cheshire NHS Trust, Central Cheshire Integrated Care Partnership

Maturity Self Assessments 28/07/23

East Cheshire NHS Trust



Mid Cheshire Hospitals Foundation Trust



Maturity signifies the right components to deliver a better experience for people in line with national ambitions

Score out of 8	Maturity Level
0-2	Early Maturity
3-5	Progressing Maturity
6-7	Mature
8	Benchmarkable Maturity

Maturity assessments help ensure that national improvement is tailored to the areas of greatest need and highlights areas of best practice nationally.

High Impact Actions	Overarching principal of the winter plan Link to the High Impact Actions - East Cheshire NHS Trust
Same Day Emergency Care	Maximise the use of the Same Day Emergency Care triaging model for people, thus ensuring that people are fast-tracked to the right specialist at the start of their visit to hospital. SDEC will continue to reduce hospital admissions and in turn improve the person experience and help the hospital manage patient flow
Frailty	Specialist nurses are deployed in the EDs across Cheshire East as part of the frailty response with the aim of avoiding hospital admissions.
Inpatient Flow & LOS	
Community bed productivity and flow	East Cheshire specific focus on Pathway 2 cluster model Length of Stay and P3 self-funding patients Length of Stay through Transfer of Care Hubs and multi-disciplinary team meetings, and transformation support to review community Length of stay pathways. A significant investment has been committed from the Adult Social Care Discharge Investment Fund to support the implementation of the Discharge to Assess model along with providing funding to purchase additional spot purchased bed base capacity when required, to meet the deficit indicated within the Demand and Capacity analysis. The funding has supported some initial double running costs, thus allowing the model to be fully implemented and support the reduction of a number of beds across the system.
Care transfer hubs	The Transfer of Care Hubs in ECT & MCHFT IS THE system-level place whereby (physically or virtually) all relevant services (for example, acute, community, primary care, social care, housing and voluntary) are linked to coordinate care and support for people who need it – during and following discharge and also to prevent acute hospital admissions. Daily Transfer of Care Hub escalation calls take place focus is to progress discharges (including community beds) in real time escalation.
Intermediate care demand and capacity	Cheshire East place are fully engaged in the 12 week programme to identify gaps in the system
Virtual wards	Roll out of intravenous and sub cutaneous therapy provision to virtual wards has been completed with a number of areas increasing their intravenous at home offer. Continue to promote Virtual Wards and pathways and increase bed occupancy targets.
Urgent Community Response	Monitoring Performance impact and effectiveness against a bespoke set of UCR metrics
Single Point of Access	To support patients to access care more easily, Care Community Services have Single Points of Access for patients and referrers to access support and care. The single point of access aligns to the care community (neighbourhood) footprint.
Acute Respiratory Infection Hubs	We don't have any acute respiratory hubs in Primary Care in Cheshire East. The two locations that were mobilised last year ceased at the end of the funding.

Winter Planning Key Lines of Enquiry

There is a total of 6 Key Lines of Enquiry (KLOE)

1. System-working
2. High-impact interventions
3. Discharge, intermediate care, and social care
4. H2 numerical planning submission
5. Surge plans
6. Workforce

The narrative for Cheshire East's KLOE has been developed in conjunction with the H2 numerical plan for ECT & MCHFT, and referenced to the national system winter roles and responsibilities included in the link below. The Urgent & Emergency Care maturity Indices (slide 15) for ECT & MCHFT have been considered

Working together to deliver a resilient winter: System roles and responsibilities (england.nhs.uk)

Cheshire East Winter Narrative KLOE 2023.24

Following submission of the Cheshire East Winter Narrative additional assurance was requested for section 1.3 - please note assurance submission included in the link below.

KLOE 1.3 Additional Assurance

Mental Health & Community Collaborative Priorities

Cheshire East Place

Mental health support communications toolkit to find the right support

https://webstore.cwp.nhs.uk/smh/toolkits/cheshireeastmay23.pdf

Key headlines for Winter 2023/24

- ✓ First Response services continue to develop the First Response ethos.
- ✓ The Crisis Line receives around 4,000 calls per month.
- ✓ Implemented the Rapid Response Service to convey people away from Emergency Departments once mental health beds have been identified
- ✓ Observational support into the ED's.
- ✓ In addition to this the British Red Cross are working with CWP services to support high intensity users of Liaison and Crisis Line services and a new MH side by side triage process has been implemented plan in place to roll out to all Eds
- ✓ Development of the Discharge Facilitation Team to support flow both within CWP beds but also to support flow across out of area beds.
- ✓ Working with both Cheshire and Merseyside Police to complete a deep dive around people being detained on Section 136 in line with a wider action plan led by Cheshire and Mersey.
- ✓ Mental Health Practitioner based in the Ambulance Control room in Speke working to triage and divert ambulances called by MH patients as clinically indicated.

Cheshire & Wirral Partnership Mental Health Winter Plans

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

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 beds (excluding rehab/eating disorders/secure). In addition, 11 Block Complex Dementia beds at Eden Mansions have been funded to March 2024.

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	
Eden Mansions	11
Total	**11**

	Mental Health Operational Services Supporting People and the System
1.	Mental Health (MH) Floating Support delivered by Making Space, providing 75 hours of support in both the North and South of Cheshire East. This service is currently being recommissioned and will build on the successful model which is in place as part of a low-level mental health pathway. 92% of the people; leaving the service in 2022 didn't require an ongoing care package. Complex Needs Dynamic Purchasing System – A framework containing 138 providers, which contains providers who can support people with MH Support Needs. Services commissioned under the framework include supported living (including step down provision) and outreach provision.
2.	11 block funded complex Dementia beds at Eden Mansions Care Home . These beds are funded until 31st March 2024.
3.	Mental Health Reablement funded via the ASC discharge funding supporting facilitated discharge provided by ISL.
4.	5 Mental Health Crisis beds located in Macclesfield delivered by East Cheshire Housing Consortium. We have recently introduced a pathway from each ED to step people down where we can elevate pressure in ED and offer a community step down resource. These beds are funded until 31st March 24 via the ICB.
5.	ISL in reach support to each ED. This is highly effective and provides 1to1 support to people supporting with de-escalation support and 1to1 bespoke support for people. It also offers additional staffing support within each ED. A further £250k has been approved via the BCF for a bespoke model for each hospital ED from October until March proving 8am till 8pm cover 7 days a week.
6.	Additional £15k ring fenced to support carers and facilitated discharge and hospital avoidance.
7.	Crisis Cafes Crewe and Macclesfield. A pathway has been developed between the domestic abuse (DA) service directly to crisis cafes and trained the staff in DA awareness.
8.	CWP Community Mental Health Transformation is now phasing its engagement work down and mobilising new models of care. At the core of this is having practitioners operating at PCN level as part of a multi-disciplinary team with GP Practices. MH services will operate on a person-centred needs basis rather than referral criteria. This should address some of the volume incidence of community crisis and re-admission of people previously discharged back into the community.
9.	CAMHS - Additional investment has gone in to improving access and reducing waiting times however workforce shortage remain challenging to recruit to. A gap we need to address is working with Education Teams. A system planning session is required to explore how we address the gap moving forward.
10.	Talking Therapies (IAPT) Additional investment made to improve access and reduce waiting times in the North of the patch.
11.	Acute Beds Demand and capacity review underway for completion September (Cheshire & Wirral). A CWP worker is to lead on this work, with a view to create flow, reduce out of area placements. There is a need to understand the investment from West and Wirral into Winter planning to improve flow.

Primary Care

- ✓ Primary Care Network led Extended Hours for evening and Saturdays
- ✓ Primary Care Access Recovery Programme including transition to a new model of modern General Practice.
- ✓ Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- ✓ Care Communities Business cases to extend Primary Care Assessment – Respiratory, Frailty, High Intensity Users, Falls – Subject to additional funding
- ✓ 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
- ✓ Roll out of the General Practice OPEL system to support system pressures reporting.

Care Communities

Cheshire East Care Communities will all have a joint focus on supporting high intensity users, including falls prevention this winter. Winter Schemes are being developed to support this cohort of people. **Note Subject to additional funding**

The operational delivery of each scheme has been determined by local need and service delivery, to ensure that it makes the most impact and is the most outcome focused for the people receiving services

These schemes will be linked and support the Cheshire East Winter Plan for 2023/24, by lowering admission to hospital and enabling people to live safe and well at home and in their communities.

The schemes will support the priorities and responsibilities of the Integrated Care Board. They will support the responsibilities of working together to deliver a resilient winter, as well as supporting mental health provider pathways, social care priorities and supporting the acute trusts.

Overview of Schemes

Knutsford Home First - High Intensity User Ward - Caring for high intensity users in hospital and within their own home, in keeping with the Home First initiative. The aim is to reduce the number of unplanned or crisis contacts by proactively case managing this cohort of patients using an MDT model of care/virtual community wards.

Bollington, Disley, Poynton (BDP) - Access to services (Provision of transport to access services) - To reduce DNAs, home visits and access inequity by supporting residents with transport issues (due to economic, geographical, winter weather difficulties or individual patient needs) to attend essential appointments for their health and well-being.

Bollington, Disley, Poynton (BDP) - High Intensity User - Rapid Short-Term Clinical and Social Care - To provide high quality, rapid short-term clinical and social care, to avoid admissions to hospital or aid early discharge of high-intensity service users.

Macclesfield - High Intensity User Virtual Ward - Macclesfield Care Community are focusing on high intensity users of services, to reduce the number of unplanned or crisis contacts by proactively case managing a cohort of patients using an MDT model of care.

Congleton & Holmes Chapel (CHOC) - High Intensity User Urgent Care - To provide proactive care to high intensity primary care respiratory patients (including those that are likely to require hospital attendance/admission).

Chelford, Handforth, Alderley and Wilmslow (CHAW) - Responsive Integrated Care - Help CHAW patients with respiratory conditions to be managed appropriately in the community reducing unnecessary admissions to secondary care.

Crewe - High Intensity User Mitigation and Education (Paediatric Focussed) - Trial a model of care pilot at Eaglebridge PCN which would address both HIU needs but also serve as a model for other patients who may otherwise be directed straight to ED.

Care Communities continued

Crewe - The Crewe Leg Club - Relaunching the Community Leg club in Crewe. The approach has been adapted to contribute towards reducing winter and on-going pressures for primary care, secondary care, and community services.

Sandbach, Middlewich, Alsager, Scholar Green, Haslington, Brereton (SMASH) - High Intensity User - Falls Prevention - SMASH are looking to expand out to an app which will be used for patients over the age of 65. Our first port of call would be to send a message to our patients through Accurx to gain data on falls prevention.

Nantwich - High Intensity User - Falls Prevention - Nantwich and Rural are looking to expand out to an app which will be used for patients over the age of 65. Our first port of call would be to send a message to our patients through Accurx to gain data on falls prevention.

Aims

All main aim of all the schemes is to prevent admission or readmission to hospital, by identifying risks, health need and providing the right support and access to services to people in their own homes and/or local communities. It is vital to identify the High Intensity Users in the system so that we can assist in preventing them from hospital attendance in the future

System Impact, benefits

By identifying and targeting High Intensity Users is expected to reduce attendances at Primary and Secondary Care, as the patients will be supported earlier in the journey before requiring urgent care. Examples of system impact could be: possible prevention of need for urgent appointments (including A&E attendance), reduce requests for emergency GP appointments, maintain or reduce A&E attends, which would have a positive impact on department overcrowding and patient flow, increased co-ordination of care for patients by proactive planning, increased collaboration across the system.

Anticipated Quality Outcomes

There are many anticipated quality outcomes of the schemes for people, these include:

- Reduction in inequalities (enabling all access to appointments) particularly for those who live in areas with limited public transport, have economic difficulties or require additional support to access services.
- Reduce deterioration in health.
- Patients feel supported in maintaining their health and wellbeing.
- Reduce isolation of patients.
- Holistic, joined up, proactive care for High Intensity Users
- Improved experience of care and outcomes for patients that are high intensity users of services.

East Cheshire NHS Trust – Winter Plan

Scheme Ref	Area	Scheme	Description
WINT-01	P&A	Rehabilitation Assistant provision on the acute wards	Rehabilitation Assistants provide a protected service delivery of rehabilitation for patients admitted onto acute wards. Specific remit of providing extended hours for washing and dressing, transfer and mobility practice increases patient independence and decreases post-discharge social and other onward care needs.
WINT-02	AICC - Acute Services	Weekend Therapy Support	Weekend therapy provision to focus on assessment and admission avoidance and also to facilitate discharges and enhanced provision within the OPAL team to aid MAU discharges and inreach to wards for complex older people living with frailty.
WINT-04	AICC - Urgent Care	ED Nursing	ED Nursing -
			Full Winter costing of requirements to support ED throughout Winter
WINT-05	AICC - Urgent Care	Winter discharge transport / Stretcher Transport Provision	Winter Discharge Transport quote - Central Ambulance
			1 x blue light, bariatric capable ambulance with 2 crew members to be used for discharging
			patients from Macclesfield DGH. Service time from 1000-1400 every day including weekends and bank holidays
WINT-06	AICC - Urgent Care	SDEC SHO/ACP	SDEC SHO/ACP - To provide medical cover to SDEC over winter months, 10 hours per day, 7 days per week
WINT-07	AICC - Urgent Care	ED Drs - Adtl Registrar	Adtl Registrar - Extra doctor to support with Winter pressures
			Looking for extra middle grade to help with decision making later in the PM in a twilight shift 4pm to 2 am
WINT-09	AICC - Community Services	Vaccinations	Community Nurses to support flu vaccinations to housebound patients
WINT-11	AICC - Urgent Care	Winter discharge LOUNGE	
WINT-12	AICC - Community Services	Community Nursing OOH Provision	Recruitment to HCA's to support OOH DN services - for review
WINT-13	P&A - Pharmacy	Pharmacy Discharge Team	Mobile pharmacy discharge team
WINT-14	P&A	F2 Medical Support	Additional junior doctor resource to support flow from planned care specialty wards.
			Additional F2 level doctors to support flow from planned care specialties as a safari ward round where patients have been moved to accommodate emergency non-elective demand (mainly surgical and orthopaedic outliers).
WINT-19	Corporate	Nurse bank	Extend bank opening hours to 06.30 -18.30 at weekends
WINT-20	AICC - Acute Services	Ward 11 - Respiratory - staffing escalation beds (28-36)	Additional bed capacity - to include nursing, doctors, and therapists. - As above re Flex capacity
WINT-21	Corporate	ISS – Catering/ Cleaning/ Portering	Additional Catering, cleaning & Portering
WINT-22	P&A - Pharmacy	Pharmacy / ED	Pharmacy work with ED to support medicine management - Karen Adams link with Simon Brown

Mid Cheshire Hospitals Foundation Trust – Winter Plan

Bed based capacity	**Winter ward - 32 beds**
	To be opened for medical patients for 5 months (Nov – Mar) when ward 10 is available following RAAC remedial work is completed.
	Critical Care - 2 beds
	To be opened for 6 weeks during December and January staffed using agency.
CCICP	**Virtual Ward**
	Frailty (30beds) & Acute Respiratory Infection (30beds) - current utilisation 30% with a target of 75%
	Complex Patients / Long Length of Stay (LOS) Review
	Continuation of the 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.
	GP Out Of Hours
	Supports the safe and timely transfer and handover of patients from NHS 111 and reduce the delay in clinical assessment, whilst improving ED patient flow.
	Housebound Flu
	Recruitment of a housebound vaccination team to support flu prevention which fits strongly with the Core20 Plus 5 principles from NHSE.
Hospital Services (Non Bed Based Services)	**Paediatric Nursing**
	Additional Registered Nurse on nights to support acuity increases in winter.
	Paediatric Medical Support
	Additional consultant cover on CAU 7pm-9.30pm (Mon – Fri) to support acuity increases during the winter.
	ED Paediatric Support
	Additional ED nurse to support an increase in paediatric activity in ED for two months 24/7 and 3 months on a twilight shift.
	Transport Extra Discharge Vehicles
	Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge
	Pharmacist Support
	Additional pharmacy support in ED and on AMU to support more timely discharges in these areas (Mon – Sun).
	Therapy Support
	Additional therapy support on the core wards and to support flow via a Discharge to Assess model.
	Trust Wide Discharge Coordinators / Ward Clerks
	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.
	Corridor Care in ED
	Additional staff to support any resulting care on the ED corridor (6 additional patients).
	Ward 3 / NIV Additional Nursing
	Additional nursing staff to support the increase in acuity on the respiratory ward.
Elective service resilience	**Ward 9**
	To remain as an Orthopaedic elective ward throughout the Winter period.
Cheshire West and Cheshire East PLACE Plan	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 this time (Sept 23) the full winter plan for Cheshire West PLACE and Cheshire EAST PLACE were not available but Cheshire East have confirmed that no additional funding has been held at ICB/PLACE level for winter and no indication has been given nationally that further winter funding is available.

Cheshire East Cluster Model of Care by Hospital Footprint

Hospital Footprint	Total
Referrals from Cheshire & Wirral Partnership FT	7
Total East Cheshire NHS Trust Footprint	82
Mid Cheshire Hospitals FT Footprint	83
Total Beds	**172**

Cluster Model

	Care Home	Location	Bed Type	Discharge to Assess	Bed No	Comment
	Eden Mansions (East)	Handforth	Complex Dementia	Complex Dementia	4	Referrals via CWP
	Eden Mansions (West)	Handforth	Complex Dementia	Complex Dementia	3	Referrals via CWP
	Sub Total				**7**	
East Cheshire Trust Footprint	Eden Mansions	Handforth	Complex Dementia	Pathway 3	5	
	Aston Ward	Congleton	Rehab	Pathway 2	27	
	Leycester House	Knutsford	Residential	Pathway 2	6	
	Riseley House	Macclesfield	Residential Dementia	Pathway 2	10	
	The Rowans	Macclesfield	Nursing	Pathway 2	4	
	The Willows	Knutsford	Nursing	Pathway 2	4	
	Tabley House	Knutsford	Nursing	Pathway 2	3	
	Wilmslow Manor	Wilmslow	Residential/Nursing	Pathway 2	10	
	Henning Hall	Macclesfield	General Nursing	Pathway 2	4	
	Henning Hall	Macclesfield	Nursing Dementia	Pathway 2	2	
	Leycester House SRB	Knutsford	Residential	Pathway 1	5	
	East Cheshire Hospice	Macclesfield	Nursing	Pathway 2/3	2	Oct to March only
	Sub Total				**82**	

Cheshire East Cluster Model of Care by Hospital Footprint

	Care Home	Location	Bed Type	Discharge to Assess	Bed No	Comment
Mid Cheshire Hospitals Foundation Trust Footprint						
	Elmhurst	Winsford	Nursing/Nursing Dementia	Pathway 2	30	
	Station House	Crewe	Nursing	Pathway 2	10	
	Telford Court	Crewe	Nursing/Nursing Dementia	Pathway 2	10	
	Twyford House	Alsager	Residential/Residential Dementia	Pathway 2	12	
	Clarendon Court	Nantwich	Nursing	Pathway 2	8	
	Station House CIB	Crewe	Community Intervention	Community Intervention	2	
	St Catherines CIB	Knutsford	Community Intervention	Community Intervention	2	
	Lawton Manor CIB	Wilmslow	Community Intervention	Community Intervention	2	
	Turnpike Court SRB	Sandbach	Residential Dementia	Pathway 1	2	
	Elm House SRB	Nantwich	Residential	Pathway 1	1	
	The Elms SRB	Crewe	Residential	Pathway 1	2	
	St Lukes Hospice		Nursing	Pathway 2/3	2	Oct to March only
	Sub Total				**83**	

CIB Community Intervention Beds = GP Step Up Beds

SRB System Resilence Beds = Rehab/Recuperation /awaiting a package of care at home

Cheshire East Council

To ensure provider market risk management oversight, the Council, ICB and Hospital Trusts have established a number of tools to appropriately manage the care home and domiciliary care market. These include the use of a quality dashboard, capacity tracker and bed vacancy management. Tangible results from this work to-date have included targeting low quality homes for intervention by deploying district nurses. There are strong relationships between partners to highlight and share system risk information and then deploy appropriate resources. A narrative care market strategic overview is produced on a regular basis, strategic data is produced and shared and a live strategic risk register is maintained. We ensure data sharing arrangements are in place to enable rehabilitation/recovery plans to be shared by partners providing services to people, to streamline pathways and reduce duplication. We will also hold:

- Regular and effective contract management meetings with our Adult Social Care providers (ensuring winter plans and contingency plans are in place)

- IPC risk management calls

- Provider mutual aid calls Cheshire East Council will be working with our commissioned providers to distribute any additional government funding. This funding will be used to support the social care workforce help, help to improve recruitment and retention and boost capacity for the future. Two integrated falls prevention specialist therapists have been recruited. They will operate across Cheshire East to provide falls prevention specialist care in the community, including in clinic and care home settings

Cheshire East Council – Better Care Fund Winter Schemes

Schemes for 2023/24

There are 22 schemes in total, of which 20 Schemes are funded through Winter pressures, iBCF and BCF for 2023-24. 2 schemes are funded directly by the local authority and the ICB:

Scheme Name	Brief Description of Scheme
Adult Social Care Discharge Fund	These schemes will support hospital prevention, facilitated discharge and the ongoing implementation of the Home First model of support and transition to the Cluster Model for bed based support. A proportion of the funding will provide investment to the Care at Home market to ensure sustainability and ongoing growth.
ibcf Block booked beds	Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.
ibcf care at home hospital retainer	Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.
ibcf rapid response	The Rapid Response Service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home. The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The Service will also provide support to Service Users with complex health needs and end of life support at a level. Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

Cheshire East Council – Adult Social Care Winter Schemes

Continued:

ibcf social work support	Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality). ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital - Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager, social worker and occupational therapist. iBCF Social Work Team over Bank Holiday weekends - Increased capacity in the Social Work Team over Bank Holidays and weekends. This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven-day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays. This support would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year.
iBCF 'Winter Schemes	Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.
iBCF Enhanced Care Sourcing Team (8am-8pm)	The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful pilot; the service provides a consistent approach to applying the brokerage cycle and in turn, makes best use of social worker time. The Care sourcing team undertake all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates Monday to Sunday. The Care Sourcing Team comprises of a range of employees including team and deputy manager, admin, care sourcing officers as well as a social care assessor. This funding is to enable an 8 till 8 operation. The model is fully compliant with the Care Act 2014 as it provides information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support.
iBCF General Nursing Assistant	Provide an additional 7 GNA staff within the CCICP IPOCH team for a period of 12 months. An evaluation of effectiveness will be undertaken during this period subsequent to discussion and agreement regarding permanent funding. These additional staff would be utilised across South Cheshire and the Congleton area of East Cheshire to support patients requiring domiciliary care that would normally be delivered by Local authority. It is expected that whilst this proposal will reduce the current pressure it is not expected to eliminate the pressure and further work would be required in order to ensure sufficient and timely access to pathway 1 care.

Cheshire East Council – Adult Social Care Winter Schemes

Continued:

iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues, which is resulting in a rise in care costs. This scheme contributes towards the cost of care home and home care fees as well as supporting the delivery of additional care packages within the marketplace.
BCF Disabled Facilities Grant	The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme is administered by Cheshire East Council and is delivered across the whole of Cheshire East.
BCF Assistive technology	Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalised to each individual and is integrated within the overall support plan. The scheme will continue to support the existing assistive technology services. The scheme also involves piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).
BCF British Red Cross 'Support at Home' service	Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home). The commissioning responsibility for the British Red Cross services has transferred from the ICB to the local authority.
BCF Combined Reablement service	The current service has three specialist elements delivered across two teams (North and South): 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs.

Cheshire East Council – Adult Social Care Winter Schemes

Continued:

	2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their carers. The service is focused on prevention and early intervention following a diagnosis of dementia. 3. Mental Health Reablement - supports adults aged 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.
BCF Safeguarding Adults Board (SAB)	The overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who: have needs for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.
BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can register directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.
BCF Programme management and infrastructure	The delivery of the Better Care Fund relies on joint commissioning plans already developed across the health and social care economy. The scheme covers the following: Programme management, Governance and finance support to develop s75 agreements; cost schemes and cost benefit analysis, financial support, and amongst other things additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services. At this planning stage this project includes any funds yet to be allocated (approx. £500k)
BCF Winter schemes ICB	The proposed schemes specifically support the achievement and maintenance of the four-hour access standard, admission avoidance, care closer to home and a continued compliance with the no criteria to reside standard. Schemes cover - discharge to assess, British Red Cross transport, non-emergency transport, additional acute escalation ward and additional ED staffing amongst others. Each of the partners will be developing winter plans which will then form part of a place-based plan.
BCF HomeFirst schemes ICB	They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.

Cheshire East Council – Adult Social Care Winter Schemes

Continued:

	The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.
BCF Trusted assessor service	Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (ITOCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme. Through the period 2021/22 the trusted assessor service is being recommissioned with the aim that the new provider is in place for 1st January 2022.
BCF Carers hub	The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers. Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.
Community Equipment	The Cheshire Integrated Community Equipment Service (ICES) will provide equipment in discharge of its statutory duties to meet the needs of individuals. This will be delivered by commissioning a single equipment provider. Equipment is provided to adults and children when, by reason of a temporary or permanent disability or health needs, they require the provision of equipment on a temporary or permanent basis for independent living. This includes equipment for rehabilitation, long term care and support for formal and informal carers. It is also vital for hospital discharge, hospital admission avoidance, and nursing need. Equipment is provided to Cheshire East council and Cheshire registered GP population. There are a small proportion of customers who live outside of Cheshire. The population of Cheshire is approximately 727,223 (taken from the mid-2019 ONS Population Estimates)
VCFSE Grants	An integrated Place Based VCFSE Grant process to led by the Council building on exiting good practice and mechanisms within the Council. Aligned to Care Communities in partnership with the VCFSE sector.

Adult Social Care Investment Fund – 12 schemes carried forward from 2022/23 into 2023/24

Ref	Adult Social Care Discharge Investment Scheme 2023/24	Forecast annual Expenditure	System Impact - To Improve Flow
		£	
1	Assistive Technology & Gantry Hoists to reduce double handling care packages	50,000	Assistive Technology
2	East Cheshire NHS Trust ED / GP out of hours 7 Days per week	120,000	Workforce
3	Carers Payments to facilitate rapid discharge	30,000	Discharges
4	St Pauls & Silk Life Hospital Discharge Support delivered via Community Voluntary Sector	120,000	Voluntary Sector
6	Increase General Nursing Assistant Capacity care at home via CCICP	125,000	Home Care
7	Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital	300,000	Workforce
8	Approved Mental Health Practitioners Cover, evenings & weekends for ECT and MCHFT	60,000	Workforce
9	Mental Health Reablement – Rapid Response Service	25,000	Home Based IMC
10	Home First Occupational Therapist	63,000	Workforce
11	Pathway 2/3 Spot Purchase Beds	1,315,000	Bed Based IMC
	Sub Total	**2,208,000**	
	Schemes 5 & 12 October 2023 to March 2024		
5	Hospital Discharge Premium Payment & Prevention Scheme	125,000	Discharges
12	Hospice Beds	90,000	Bed Based
	Sub Total	**215,000**	
	Total	**2,423,000**	

Local Authority Urgent & Emergency Care Support Grant

Proposed Spending Plan	£	Period
Community Reablement Business Case	300,601	October to March 2024
Mental Health Outreach – scale up via Independent Supported Living	60,000	October to March 2024
Outreach Worker to support hoarders and self-neglect individuals	30,000	October to March 2024
Occupational Therapy x 2 to support community prevention / hospital avoidance	60,000	October to March 2024
Staffing contingency fund to support weekend discharges at times of increased system pressure	50,000	October to March 2024
Short Term placements to support Winter surge capacity	180,000	October to March 2024
Total	**680,601**	

Cheshire East Council Winter Wellbeing Campaign

- Flu programme for the general public is NHS led. CEC comms will support NHS messages around flu (vaccination campaign starts September 2023)
- CEC Staff flu vaccination programme – whether NHS eligible or not, free flu vaccines are available for all staff, via community pharmacies as well as private clinics across corporate buildings and community venues. Working with Cheshire West & Chester (CWaC) colleagues to include CWaC pharmacies to increase accessibility.
- Supporting the Cheshire & Wirral Partnership (CWP) Living Well service to deploy the 'Live Well Bus' to venues/geographies across the borough to provide COVID-19 seasonal boosters to ensure our most vulnerable residents are best protected; as well as free NHS health screening (e.g. Blood pressure and glucose checks)
- CHAMPS are working on a winter campaign to promote key messages over winter:

✓ Washing hands
✓ Sanitising surfaces
✓ Physical exercise and keeping fit
✓ Keeping stress at bay
✓ Getting a flu jab
✓ Getting a COVID-19 jab
✓ A healthy diet and good nutrition
✓ Getting enough sleep

We supplement this campaign with messages linked to keeping hydrated over winter, although this may be covered in 'a healthy diet and good nutrition'. Support CWP IPC colleagues with outbreak management, as appropriate – Making sure settings/providers report outbreaks of infectious disease to UK Health Security Agency (UKHSA)

- Health Improvement colleagues will be investing in some 'keep warm' kits that will be distributed through libraries, communities' team etc. There will be a Winter Wellbeing Communication Plan as well with regular media responses
- Development of a Health and Wellbeing Booklet for distribution to all Cheshire East residents.
- Other key campaigns – 'Stopober' stop smoking and 'Dry January'

Link to:
Cheshire East Grants Our Community Offer April 2023 (cheshireeast.gov.uk)

Cheshire East Council – Public Health & Infection Prevention Control

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

- ✓ Flu and COVID-19 booster vaccinations
- ✓ 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
- ✓ 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.
- ✓ Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
- ✓ COVID-19 early warning data analysis audits

COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

Individuals being discharged from hospital into a care homes should be tested with a COVID-19 LFD test within 48 hours before planned discharge. This test should be provided and done by the hospital.

- ✓ Winter wellbeing resources will be made available for vulnerable people – to include raising awareness of fuel poverty and the support and advice available locally

- ✓ ***Lead & promote the Lifestyle on Prescription Project***

- Lifestyle on Prescription is a resource to encourage lifestyle changes to enable positive impacts on health and wellbeing.
- This includes smoking, alcohol consumption, physical activity, healthy weight, mental health and wellbeing and sleep.
- A focused campaign is being planned for January to link in with other new year campaigns such as ‘Dry January’

Infection Prevention Control provided by Cheshire & Wirral Partnership Foundation Trust

Infection Prevention & Control measures are as follows:

- ✓ Single Point of Contact for all telephone requests for advice & support from the IPC Team – Tel: 01244 397700 (Mon – Friday between 9am & 5pm, except BHs)
- ✓ Single point of contact for all e-mail communications – cwp.ipct.admin@nhs.net
- ✓ IPC link Meetings – held quarterly, with emphasis on outbreak management from September onwards.
- ✓ Ongoing support via IPC audit and review.
- ✓ Ongoing Training offer regarding all aspects of IPC, including outbreak management, chain of infection, PPE and Antimicrobial Stewardship.
- ✓ Review and communication of IPC related guidance, including Covid-19 guidance.
- ✓ Outbreak visits and support, with bespoke advice.
- ✓ Support to the Multidisciplinary approach regarding the Risk Assessment for possible early bed opening during outbreaks in care settings.

East Cheshire Hospice

- Expansion of the Hospice @home team – recruitment of team 3 to enable the provision of more Continuing Health Care fast track Packages Of Care.

- Knutsford Home First Pilot – Team 4 Hospice @Home - Link with Home First agenda providing care for patients on the Gold Standards Framework that are registered with a GP in Knutsford Care Partnership. Facilitating rapid discharge, preventing hospital admissions and responsive provision of Fast Track care. The team will be embedded within the District Nursing Team

- Establishing Links with Carers Hub – enhancing the volunteer workforce to support Palliative Carers and ensuring they are identified and supported.

- Developing support for those living and dying from Dementia – taking the established Dementia Carers Wellbeing programme out into the 5 care communities within East Cheshire – the program will be delivered in Poynton, Congleton/Holmes Chapel, Wilmslow, Knutsford and Macclesfield.

- Developing a Palliative Single Point of Co-ordination – offering more responsive support to those in the community by collaborating with current palliative care service providers, and identifying a single point for referral and contact. First phase has been the establishment of Daily huddles – 15 minutes each morning to discuss team capacity and patient need – available to hospice services, SPCT, DN and soon GPs who wish to access timely support to those in crisis.

North West Ambulance Service

- NWAS Regional plan
- Ambulance numbers for Cheshire East
- Ambulance Performance – Cheshire is an outlier

West Midlands Non Emergency Patient Transport

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 (Not implemented)

Cheshire Police

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance

- ✓ 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.

- ✓ December – Operation Jingles - Nighttime Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

Cheshire Fire & Rescue Service

- ✓ 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

Winter Scheme Opportunities (Business Cases) – Subject to funding stream identified

Winter Schemes have been prioritised using the decision matrix – The top scoring schemes are listed below

Scheme	Funding Requested	Key Contact	Job Title	Organisation
D2A End of Life Care & Fast Track	16,000	Alison Clifford/ Anna Marie Ratcliffe	CEO	The End of Life Partnership
GP OOH Urgent Treatment Centre	63,812	Denise Frodsham/ Pip Morrant/ Clare Sandelands	COO /Associate Director / Service Manager	MCHFT
Additional Same Day GP Appointments Rope Green Medical Centre	42,000	Kathryn Gaulton/ John Dixon	Practice Manager	Rope Green Medical Centre
Primary Care Surge Planning	380,000	Dave Holden/ Simon Goff/ Amanda Best	GP Lead/COO/Transformati	Primary Care
Medical Assessment Care Centre (Waters Green)	52,000	Dr Joe Banns/ Dr Mark Lumb/ Louise Clulow	PCN Clinical Lead/ Deputy	PCN Macclesfield
CHOC Same Day Access Hub	83,200	Paul Carroll / Paul Bishop	PCN & D&T Lead	CHOC PCN
Winter Patient Transport Service	61,326	James Whittall	Sustainability and Social Value Manager	MCHFT
Additional GP Appointments Grosvenor	22,400	Tricia Vickers	Practice Manager	Grosvenor Medical Centre
Additional GP Appointments Millcroft	27,000	Kirsty Moore	Business Manager	Millcroft Medical Centre
1. The Crewe Leg Club	20,000	Joanne Bowen /Charles Mains/ Danielle Roberts	Community Operational Manager/ CEO Wishing Well	CCICP & Wishing Well
2. Falls Prevention	21,000	Pip Morrant / Fran Groves /David Berry	Associate Director / Support Manager	SMASH/CCICP
3. Macclesfield HIU Virtual Ward	79,400	Daniel Harle/Joe Banns/Katie Andrew	Care Community Clinical Lead/ PCN Clinical Lead/Care Community Coach	Macclesfield Care Community
4. HIU Mitigation & Education Paediatric Focus	135,000	Lee Johnson/Clare Spargo/ Shuti Bharadwaj	PCN Manager	PCN Eaglebridge
5. Knutsford Home First HIU Ward	69,000	Patrick Kearns/Philip Coney/Katrina Oliver	Community Clinical Lead/PCN Clinical Lead/Care Community Coach	Knutsford Care Community
6. High Intensity User Urgent Care	66,410	Denise Ballie/Jon Barnsley	CHOC Coach/CHOC Clinical Lead	CHOC Care Community
7. Rapid Short Term Clinical & Social Care	72,500	Rhoda Gaylo/David V	BDP Coach/Clinical Lead/PCN Clinical Lead	BDP
Advanced Nurse Practitioner Pallative & End of Life	70,000	David Holden & Helen Booth	CCICP Operational Manager	Nantwich & Rural
10. Provision of Transport to Access Services	2,000	Rhoda Gaylo/David V	BDP Coach/Clinical Lead	BDP
Multi Purpose Community Transport	49,300	Debbie Burgess	Deputy Associate Director Community Services	ECT
Additional Appointments	19,600	Jane Randles	Business Manager	Earnswood Medical Centre
8. Falls Prevention	21,000	Pip Morrant / Fran Groves /David Berry	Associate Director / Support Manager	Nantwich Care Community/CCICP
9. Responsive Integrated Care	86,190	Fari Ahmad/Laura M	Care Community Clinical Lead/ Care Community Coach	CHAW
D2A Pathway3 Preventing placement breakdown due to unmet need for people with dementia	16,000	Catherine Morgan Jones/ Anna Marie Ratcliffe	Director of Service & Practice Development	The End of Life Partnership
	1,475,138			

Cheshire East Winter Plan Stress Testing

Operational Scenario	System Mitigation
Lack of Capacity within General Practice to meet winter demand	Primary Care Access Recovery Programme
	Repurpose in hours and extended hours capacity to support urgent / on the day demand
	OPEL: Demand management reporting over winter
	Maximising the use of ARRs - Additional Roles Reimbursement Scheme
	Primary Care Network Acute Respiratory Hubs / urgent on the day Hubs - No funding identied
	Revert to Generics for prescribing in the event of ongoing medicines supply shortage
	Primary Care Network Workforce Planning
	Expanding Community Pharmacy Consultation Service in community Pharmacy
Lack of Acute Hospital beds leading to Overcrowding in Emergency Departments	Cancellation of lowest risk Elective procedures to release bed capacity for Urgent Care.
	Enact spot purchasing of Discharge to Assess (D2A) bed capacity across existing D2A cluster model.
	At the risk of deployment of Winter Ward escalation capacity
No Criteria to Reside & Length of Stay (LOS)	Frequent Length of Stay reviews and identified nurses working closely with system partners for all patients who have a prolonged LOS. Staff to expedite discharges to reduce the level of deconditioning.
	Daily MDT calls with system partners to monitor system capacity and flow.
	Senior Leaders system calls
	Care Community Huddle
	Community D2A community meetings to monitor capacity and flow.
	UCR system performance metrics
	Multi Agency Discharge Events (MADE) scheduled every month throughout Winter commencing in September.
	Oversight of people delayed in community beds MADE will take place for those individuals
Lack of available Domiciliary Care	Undertake urgent social work reviews to release capacity.
	Home First Occupational Therapy and reablement assessments via the Trusted assessor role
	Repurposes any available block purchased capacity through Routes Health Care, General Nursing assistants and Reablement to support people who require discharging or to prevent an admission.
	Maximise the use of the commission Third sector offer.
	Carers payment to support rapid discharge.
	Maximise the use of Assistive Technology and remote monitoring options.
	Deploy Senior Clinical Leads to ensure we maximise Virtual Ward and Urgent Crisis Response capacity.
	Increase community reablement provision.
	Enact system risk management protocol.

Cheshire East Winter Plan Stress Testing

Operational Scenario	System Mitigation
Mental Health Pressures in ED and bed base pla	Effective Mental Health escalation procedures in place that ensures all MDT partners are actively supporting discharge plans for any patient within ED.
	Bed management 4 x daily calls via Cheshire & Wirral Partnership Partnership Foundation tRUST.
	ISL In reach model of support in place October 23 until March 24.
	Increased ISL Mental Health Outreach capacity aligned to each ED from Oct 23 until March 24
	High Intensity User support model being worked up by each Care Community
	Weekly MADE events and Super MADES
Infection Prevention Control (IPC) Outbreak within Care Homes	Vaccination Programmes Adopt the IPC Risk Assessments protocol that supports early admissions into Care Homes on a risk-based approach.
Market Capacity, Sustainability, and Improveme	Cheshire East Council will be working with commissioned providers to distribute any additional government funding. This funding will be used to support the social care workforce, help to improve recruitment and retention and boost capacity for the future.
Weekend Discharges	Staffing contingency fund allocated to support weekend discharges at times of increased system pressure to ensure capacity and flow across
	Additional Consultant-led Discharge team in the Acute providers
Workforce challenges	Mutual Aid via system partners and providers
	Agency staff for key roles to support the system and a robust staff induction in place.
	Organisational repurposing of staff to support system pressure.
	Joint working between General Nursing Assistants and Reablement to increase workforce and staff capacity.
	Health and Wellbeing programmes to support staff wellbeing.
Winter Scheme Opportunities	Expediate any agreed funded scheme to support with any additional capacity that supports the system.
System Communication Strategy	Place comms cell in place with key organisational comms reps
	Tactical coordination of the system comms plan, Trigger points and comms messages procedure in development
	Development of a Cheshire East Resident 'Winter Wellbeing Booklet' to be dispatched promoting self-care options.
	Cheshire East Council Communities Team Winter Communications Offer

Cheshire East System Partner Winter Plans

System Partner	Link To Winter Plans
• Cheshire East Council – Adult Social Care Winter Plan 2023-24	• CEC ASC Winter Plan 2023/24
• North West Ambulance Service – Winter Strategic Plan 2023-24	• NWAS Strategic Plan 2023
• NHS Cheshire & Merseyside Communications Winter Plan	• NHS Cheshire & Merseyside Communications Winter Plan

Communications

Cheshire East communications Task and finish group to develop a system plan for escalation

Trigger points

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.