



ICP Key Messages

Meeting	Urgent and Emergency Care System Delivery Board
Meeting Date	3 November
Key Decisions and Actions	<p>Intermediate care and DTOC: The Board heard an update from Victoria Tomlinson in which she described the work ongoing as part of the intermediate care programme to join up workstreams, challenges around data and performance management and the measures being reported on. A more detailed report would be presented at the next meeting and she would discuss the work programme with Ailsa Brotherton the new system discharge lead to ensure there was no duplication.</p> <p>Covid Command and Control: Meetings have been set up weekly with representatives from system partners to escalate issues, progress actions and provide support to resolve issues.</p> <p>ICS Winter Stress Test: The responses received from partners involved gave assurance that, should the exercise be repeated, the risks identified had been addressed through actions or had been mitigated appropriately.</p> <p>Chorley ED: It was confirmed that ED at CDH had opened as scheduled with the support of the clinical team. Issues related to staffing were being monitored and actions had been taken to mitigate including moving substantive staff to support agency staff across both sites.</p> <p>Urgent Care Winter Plan: Confirmation that £4.8m funding has been allocated to support the mobilisation of the agreed winter schemes, a process has been developed and progress updates would be provided to the Board through an executive summary report containing key information.</p> <p>Hospice Closures: Concerns were raised regarding the closure to new admissions of a number of hospices due to perceived outbreaks on the advice of Public Health. Hospices were being treated in the same way as care homes which was not helpful, it would be preferred if hospice inpatient facilities were viewed in the same way as a hospital ward. The Board requested this be escalated to the Out of Hospital Cell. The impact of perceived outbreaks in hospices on the admission of potential Covid+ patients to hospices was also raised and it was suggested this be brought to the Ethics Committee for discussion.</p>

	<p>Mental Health and Community Update from LSCFT: An update of the position in mental health around staffing and activity was provided and the Board requested a sitrep be provided weekly to the Covid Command meeting in relation to mental health and community services.</p> <p>A position paper in terms of community services and the challenges experienced during Covid, pressures and impacts on activity was discussed. The impact and pressures on district nursing services regarding increased end of life activity was particularly highlighted and this had also been seen in the referrals to the specialist palliative care service. It was noted that sadly this increase was likely to continue in the longer term.</p> <p>Urgent Care Performance Dashboard: New indicators for home first slots and step up referrals to CATCH have been added, and, as the data presented was one to two months behind, the Board requested that unpublished data be added in order to provide a more up to date picture.</p> <p>System Action Plan: The Board heard an update against actions, and noted in particular the lack of uptake of home first slots, differences in numbers of referrals to IDS causing larger numbers on some days, and delays in receiving Covid test results, lack of designated settings, refusal of D to A beds, and delays to discharge due to a variety of reasons.</p>
Matters for Escalation (and where to)	<ul style="list-style-type: none"> • Hospice closures - Concerns to be escalated to the Out of Hospital Cell. • Admission of potential Covid+ patients to hospices - Discussion to be held at the Ethics Committee.
Completed and Signed off by	Karen Partington